ANNUAL REPORT

of

THE MEDICAL DEPARTMENT

to

THE SURGEON GENERAL

UNITED STATES MILITARY ACADEMY
WEST POINT, NEW YORK

December 31, 1949

MAED-319.1 CIE/cjg

1 March 1950

SUBJECT: Annual Report, Calendar Year 1949.

TO : The Surgeon General
Department of the Army
Main Navy Building
Washington 25, D.C.

In compliance with paragraph 4a(3)(a), A.R. 40-1005, the following report for the calendar year 1949 is submitted. This report deals primarily with the Station Hospital, USMA, and includes discussions of other activities of the post which involve Medical Department supervision.

1. The principal medical activities of this command are considered under four general headings:

a. Office of the Post Surgeon, the senior Medical Corps officer of the U. S. Military Academy. The Post Surgeon advises the Superintendent, USMA, on all matters relating to the sanitation and the health of the command, causes inspections and investigations to be made, and makes appropriate recommendations, and commands all Medical Department personnel and installation, with the exception of the Medical Detachment, 1302d Special Regiment, including the WAC Detachment, and the Dental Service. The Dental Service was separated from the Office of the Commanding Officer, Station Hospital, and Post Surgeon, by A.R. 40-15.

b. Office of the Commanding Officer, Station Hospital. The Commanding Officer, Station Hospital, is also the senior Medical Corps officer on duty, U. S. Military Academy. In this capacity he is responsible for the medical care, welfare and disposition of all patients, proper discipline and administration of the hospital, for the care and safeguarding of all public property in his possession, the expenditure of supplies and funds, and preparation of returns and requisitions.

c. Department of Military Hygiene. The Professor of Military Hygiene, Academic Department, U. S. Military Academy, also the senior Medical Corps officer on duty at the U. S. Military Academy, is a member of the Academic Board and is responsible for the instruction to the U. S. Corps of Cadets in medical subjects.

d. Office of the Commanding Officer, Hospitalization and Evacuation, District No. 9, First Army Area. The Commanding Officer, Hospitalization and Evacuation District No. 9, First Army Area, as Surgeon of the U. S. Military Academy, a Department of the Army Class II installation, is responsible to the

Surgeon, First Army, for the hospitalization and evacuation activities required in District No. 9, First Army Area (Counties of Orange, Sullivan, Ulster, Greene, Columbia, Dutchess, Putnam, Delaware and Westchester).

Included in these activities is the Veterinary Service, which operates under the direction of the Post Veterinarian. During summer training period, a dispensary is operated at Camp Buckner for the local medical needs. Tactical demonstration and other training details are carried out by the Medical Detachment, 1302d Special Regiment, USAR, under the technical supervision of the Surgeon.

2. The purpose of the Station Hospital is to provide hospital and outpatient medical care for the United States Corps of Cadets and military personnel assigned to the garrison, West Point, New York. The hospital is equipped and has been staffed to provide much of the usual medical and surgical care provided in general hospitals. The hospital is, in addition, responsible for hospitalization and evacuation of the First Army District No. 9, which comprises the counties named in paragraph 1d above.

3. Location. The Station Hospital is located on Thayer Road, the main thoroughfare of the post, easily accessible for all areas. West Point is located on the Hudson River, 51 miles north of New York City, in the midst of the range of the Allegheny Mountains known as the Highlands. Its latitude is 41°, 23', longitude, 74°. For four years prior to 1949 the average temperature for the summer has been 77 degrees, and for the winter months, 34 degrees, with extremes of 98 degrees to -19 degrees. However, the latter part of 1949 was extremely mild, with moderate snow flurries. Weather statistics for the year 1949 are as follows:

Month	No. Sunny Days	Max. Temp.	Min. Temp.	Average Temp.	Average Relative Humidity
January	11.5	60°F.	12°F.	32°F.	83%
February	13.5	66	6	38	76
March	19.5	75	4	38	74
April	16.0	77	32	50	67
May	16.0	89	35	59	71
June	18.5	93	41	71	68
July	16.0	96	47	76	73
August	16.5	98	50	73	73
September	17.5	87	38	61	74
October	16.5	87	31	57	74
November	14.0	70	13	40	77
December	16.5	60	3	29	77
Average	(197-total)	79.8°F	26°F.	52°F.	73.9%

Weather statistics for the year 1949 (continued):

Month	Amount of Precipitation	Inches of Snowfall
January	5.29 in.	15.3
February	2.29	11.9
March	1.73	4.6
April	2.81	-
May	4.85	-
June	1.81	-
July	2.71	-
August	4.38	-
September	2.67	-
October	3.27	-
November	1.05	trace
December	3.44	5.
Total	36.30 in.	36.8

4. Bed Credits. There are an unlimited number of bed credits for cadets at Walter Reed General Hospital, and transfer of a cadet is accomplished without prior approval of the Medical Regulating Officer. However, bed credits at Valley Forge General Hospital, St. Albans Naval Hospital and Murphy General Hospital are controlled by the Regulating Officer, Hospitalization and Evacuation Section, Headquarters First Army.

5. Transportation. Rail facilities are satisfactory from West Point to New York City and Washington, DC, and there is little necessity for air evacuation insofar as the time factor is involved. West Point is served by the main line and West Shore line of the New York Central Railroad. Although air evacuation is not essential, it was deemed advantageous to this hospital because of a saving in medical attendants, use of hospital ambulances, and travel fund. At present, patients are transported to Stewart AFB, located approximately 15 miles from West Point, for air evacuation to all hospitals. Returnees are also transported by air.

6. Personnel.

a. The authorized and actual strength of this command at the beginning and end of the year was:

	1 January 1949		31 December 1949	
	Authorized	Actual	Authorized	Actual
Medical Corps	18	18	18	12(1)
Dental Corps	10	8	10(2)	9
Medical Service Corps	2	3	4	3
Army Nurse Corps	24	22	24	30(3)
Women's Medical Service Corps	3	2	3	2
Warrant Officer (JG)	0	0	0	0
Women's Army Corps (Commissioned)	1	2	2	1
Enlisted	129	110	143	146
Civilian Physicians	0	0	8	8

(1) Includes 2 MC officers attached from other units.
(2) Total of 4 MSC officers authorized includes a verbal authorization of 2.
(3) Includes 1 ANC attached from other units.

b. The use of WAC personnel in the Station Hospital, USMA, was under consideration two years prior to assignment and arrival in February 1949. Two WAC officers were assigned in the positions of Adjutant and Mess Administrator in late 1948. The WAC Detachment was activated as a unit of the 1302d Special Regiment, USMA, effective 1 February 1949, with authorized strength of two officers and 56 enlisted women, in accordance with General Order No. 1, Headquarters USMA, 20 January 1949.

c. Enlisted personnel has, for the first time in two years, been up to strength for a sustained period. Frequent changes in officer personnel and delayed replacement are always unsatisfactory, but it is inevitable during the period of Medical Corps officer shortage. Much time was devoted in the spring to the recruitment of civilian doctors and Reserve officers for this hospital. The number of civilian doctors during the summer was approximately equal to the number of Medical Corps officers. Nursing personnel have been adequate in number with normal service coverage.

d. During the summer training period the Medical Detachment was supplemented with one Ambulance Platoon from 82nd Airborne Division, Fort Bragg, North Carolina.

7. Health of the Command. (See rates under Registrar)

a. U.S.C.C. Although the admission rate for the U. S. Corps of Cadets is relatively high for an Army hospital, the physical and mental health of the Corps is excellent. This high admission rate is a reflection of the Academy policy of hospitalisation for comparatively minor conditions, rather than allowing a Quarters' Status for cadets. The high non-effective rate for injuries results from the intensive physical education and training program from which numerous injuries result, and the policy of hospitalisation until cadets are able to participate fully in all formations. Annual physical examinations of cadets are in effect.

There has been no epidemic of disease among cadets. For the first time in many years there has been no gastro-intestinal outbreak directly attributable to the mess. One gastro-intestinal epidemic occurred early in January 1949, attributed to Virus X, and spread or origin was not necessarily connected with the mess. In July and August, with the entrance of the new class, there is considerable gastro-intestinal complaint due to anxiety, over-eating, change in eating habits, fatigue and general readjustment. Closest supervision has been maintained over the cadet kitchen and personnel in regard to sanitation. The numbers of psychogenic complaints are extremely high in the summer and fall among the Plebe class, requiring the full time of a psychiatrist. Requests for resignations are frequent. However, this levels off in September, and the rate then not in excess to classes. Poison ivy contracted during field trips of summer training program always contributes to the increased rate.

b. Army. Health of the command is excellent and is, in general, lower than all Army averages. Rates of admissions are not remarkable.

c. Contagious diseases have not been significant. One case of venereal disease was registered among cadets. The rate was high at times among colored enlisted and low among white enlisted personnel. Respiratory diseases were lower than usual. Winters for two years have been milder, and there has been widespread use of antihistamine drugs for colds. Eight cases

of mumps and seven cases of whooping cough appeared in cadets. Whooping cough among cadets has not been seen for many years. There have been about 30 or 40 cases per year of infectious mononucleosis among cadets.

C. Existing Sanitary Facilities of the Post.

Existing sanitary facilities of the post, briefly described, are included under the headings of Water Supply, Sanitary Sewer System, Refuse Disposal, Insect Control, Mess Sanitation and Housing.

a. Water Supply.

(1) The 1949 water supply system of the United States Military Academy is the result of over a hundred years of evolution and development. It reflects the changes from a time when the few people at the Academy obtained their water from springs, mountain creeks, and the Hudson River, to the present day when the Military Academy numbers several thousand people and uses 2½ million gallons of water daily. The changes which took place in the water supply system at the Academy parallel similar changes in civilian practice. At the present time the system at the Academy consists of the following component parts:

(a) Source of water.

1. The principal source of water at the present time is the Popolopen Creek water shed. This is an 18.6 square mile area lying to the south and west of the Academy Proper. It consists principally of Popolopen Lake, Long Pond, Mine Lake, Hayat's Pond, Cranberry Pond, Bull Pond, and the recently constructed Stilwell Reservoir. This system of natural lakes and artificial reservoirs and the drainage area produces enough water to supply the normal demands of the post.

2. A secondary supply of water which has not been used extensively in recent years but is available in times of emergency or drought is the Queensboro Creek water shed. This is a 10.1 square mile area owned entirely by the Palisades Interstate Park Commission, and it is normally the water from this area which is used by the Park Commission to supply Bear Mountain State Park. An agreement between the Academy and the Palisades Park Commission establishes the working relationship and priority of water for these two governmental agencies.

3. Another secondary water supply which is available for the Academy but is relatively of minor importance is the Round Pond supply which was established in 1879 and is still in operating condition. It consists principally of Round Pond, the drainage area adjacent to it, and a seven-inch pipe line to the post. At the present time the only water which is taken from Round Pond is utilized in sprinkling the Academy golf course. None is utilized in the distribution system of the post.

(b) Intake Structures and Aqueduct to Lusk Reservoir.

In 1949 we utilized the intake structures which were constructed in 1913 on Popolopen Creek and Queensboro Creek. As the principal amount of the water was taken from the Popolopen Creek water shed, the one on that creek was used the most. The aqueduct from the intake on Popolopen Creek to Lusk Reservoir on the reservation was also constructed in 1913 and is still operating satisfactorily. This aqueduct is a twenty-inch pipe line, six miles long. The outlets of this aqueduct are two branches of the same pipe line, both emptying into Lusk Reservoir. The capacity of the pipe line is approximately 4,200,000 gallons per day.

(c) Lusk Reservoir.

Lusk Reservoir constructed in 1897 is still the principal raw water reservoir on the post; it holds approximately 90,000,000 gallons.

(d) Water Filtration Plant.

The water filtration plant was constructed in 1932 and the Accelator was added in 1946. This plant is in operation today and provides an adequate amount of safe drinking water. This filtration plant is located immediately north of Lusk Reservoir and is connected to it by a 20-inch pipe line. The intake structures in Lusk Reservoir are the first step in the purification process. They contain fine screens of 1/4 inch mesh over the two sluice gate openings to catch any leaves, sticks, dead fish, or other objects which might be carried by the water through the intake house into the filter plant. The second step in the treatment process and the first one to occur within the filtration plant proper is the mixing chamber (with water level seven feet below that of Lusk Reservoir). It contains an aerator of air suction type and a flocculator consisting of slowly revolving paddles. Alum and chlorine are applied here (average doses are alum 21.1 P.P.M. and chlorine 0.53 P.P.M.). The aluminum sulphate (alum) reacts with a natural alkalinity in the water to form floc of aluminum hydroxide. This is a sticky, gelatinous material heavier than water which settles out of the water, to the bottom, and carries with it approximately 80% of the suspended solids in the water. This also reduces the natural alkaline in the water and increases the carbon dioxide which condition is corrected after filtration. Aluminum also removes color. Color consists of organic material resulting from organic decompositions and is a colloid of the humic acid type. By a complex reaction the positive aluminum ion combines with the negative colloidal color ion to form the so-called "color floc".

The free chlorine which is added in the mixing chamber forms several compounds depending on the pH of the water. The most important of these compounds from a bacteriologist's point of view is the hypochlorous acid (which is formed most readily when the pH of the water is below 7.0). Once it was believed that bacteria were killed either by the oxidizing effect upon the protoplasm or by the toxicity of hypochlorous

acid. Recent investigations have led to the discovery that the hypochlorous acid neutralizes or destroys one of the enzymes within the bacterial cell which are essential in the assimilation of food within the cell and therefore essential to the very existence of the bacteria cell. Without food the bacteria cell quickly dies. Chlorine does not destroy microscopic organisms such as fleas and algae except in very high concentrations of chlorine.

The water then passes from the mixing chamber into two settling basins which are operated in parallel and have a capacity of 530,000 gallons. They provide an average detention period of seven hours. While the water is moving slowly through these settling basins the reactions of the chemicals which were introduced in the mixing chamber are completed. The floc that was formed in the mixing chamber falls slowly to the bottom of the settling basins carrying with it much of the suspended material and the bacteria attached to it. The floc and its entrapped particles settle to the bottom and are then called sludge which is removed periodically (about once a month) by means of underdrains from the bottom of the settling basins.

A circular water treatment unit, an Accelator, was installed in the filter plant and placed in operation in 1946. This unit was designed to operate in parallel with the settling basins to increase the capacity of the plant. It is a radial flow tank with a one hour detention period which has a recirculating device to mix newly formed alum floc with existing alum slurry. This unit is equipped with alum and chlorine feed machines and intended to operate independently from the mixing chamber and settling basins. In the Accelator the alum slurry is kept in a state of suspended revolution by means of baffles and gentle pump. To this alum slurry is added the raw water with newly formed alum floc in such a manner that the raw water must rise vertically through the alum slurry blanket to the outlet of the Accelator. The suspended alum slurry in effect acts as a fixed or static filter through which the raw water passes. The impurities of the water come in contact with the suspended floc and adhere to it. As the particles of floc become heavy with entrapped solids they settle through the incoming raw water faster than the water tends to carry them up, and accumulate on the bottom of the Accelator and are drawn off by an automatic sludge pump.

The next step in the filtration process following sedimentation in the settling basins or the Accelator, is filtration through the rapid sand filters. The present plant has eight sand filters each with 180 square feet of surface area and a rated capacity of 500,000 gallons daily. In the operation of these filters a small amount of floc from the settling basins carries over on to the filter beds and accumulates on the surface of the sand. The water is forced down through this sticky layer of floc and the sand and gravel beneath it. Any suspended particles remaining in the water from the previous sedimentation process are entrapped by the floc and sand and remain in the filter beds. Gradually, as more and more material collects on the top of the filter beds a dense mat builds up and increasingly impedes the flow of water down through the sand filter beds. After an appreciable resistance to the flow of water has developed,

the beds are washed of the accumulated dirt by reversing the flow of water through the sand and washing the accumulated dirt and floc from the top of the beds into the sewer. The filtration cycle then consists of, first, a filtering period which is terminated when the accumulation of floc and suspended solids is sufficiently great to make further filtration impractical, and secondly, a period of washing the accumulation free from the sand. The length of the cycle varies with the seasons of the year, and averages about 32 hours.

The water passes from the filtering beds to a small dosing pit where sodium ash (sodium carbonate) is added to the water to take up the carbon dioxide and form sodium bicarbonate. This eliminates the main corrosive element and softens the water slightly by removing calcium sulphate, a by-product of the alum reaction. Approximately 0.2 P.P.M. of chlorine is added at this point to supplement the initial dose of chlorine which was all utilized in reducing organic material as the water passed through the settling and filtering stages. The amount of chlorine put into the water is small and is intended primarily to kill any bacteria that may have passed through the filter and to provide a degree of insurance against recontamination of the water during its distribution to the post.

A very small amount of ammonia, 0.06 P.P.M., is introduced into the water ahead of the second chlorine application. The ammonia combines with the chlorine to form chloramines. These chloramines are more stable than free chlorine and have a longer sterilising effect than does free chlorine.

The treated water then passes from the dosing pit into a clear-well and storage tank with a combined capacity of 1,200,000 gallons, where it remains until distributed to the post.

(c) Distribution System.

The distribution system, like the rest of the water supply system at the Military Academy, has grown and evolved down through the years. The first distribution system was installed in the early 1800's and consisted mainly of a pipe line from nearby springs and streams running into the various quarters. From this lowly beginning the distribution system has grown into its present extensive and complex system of pipe lines. This growth was gradual and paralleled the growth and development of the post in general. As each new section of the post was purchased and/or developed, the existing water facilities were extended or enlarged to accommodate the new development. As a result, the present system is not the product of a single, comprehensive, over-all plan, but rather the result of a gradual metamorphosis to meet expanding needs.

The present distribution system consists of three separate systems and their respective reservoirs. The systems are commonly known as the high level system, the medium level system, and the low level system. These names correspond to the location of the respective systems; the high level system serves the buildings constructed on the higher ground of the post, the medium level system serves the medium

level area in the north end of the post, and the low level system supplies the portion of the post which is either slightly above or below the level of the plain.

The high level system consists of a 300,000 gallon reservoir in the north of Fort Johnson, and an eight-inch main line running in the west and south of Lake Dunmore serving the quarters around Lake Dunmore, the Guard Lodge, the Gas House, the Bowling Alley, and the buildings (other than Hall Army Airfield Road and Contractor) Plans. This high level line terminates in another reservoir of 300,000 gallons capacity located on the hillside above the buildings on Contractor Plans.

The medium level system serves the officers and enlisted quarters in the north end of the post. It consists of an eight-inch main line running from the medium level pumping station located below Hallfield Road in the north end area and terminating in the medium level storage tank located near the Forestry Section. The medium level pumping station below Hallfield Road obtains water from the low level twelve-inch main at that point and relays the pressure to the medium level system by means of two 300 G.P.M. pumps. The medium level storage reservoir at the end of the line is a round steel tank with a 500,000 gallon capacity.

The low level system serves that portion of the post lying about the general level of Tupper Lake which is not included in either the high or medium level system. This includes the buildings at the southern end of the post adjacent to the Cavalry and Artillery drill ground, the Cavalry and Artillery barracks, Tupper Lake, the quarters along Tupper and Piseco Roads, the hospital, Headquarters and Ammunition Buildings, the Armory, Quartermaster, and Utility buildings below the plain and the quarters along Washington Road to the north of the cemetery.

This low level system consists of three principal parts: a twelve-inch main line (installed at the same time that Lake Dunmore was constructed), and a sixteen-inch feeder line (that carries the water from the filtration plant down to the twelve-inch main), and two storage reservoirs (one located below Hallfield Road and the other at the south end of the twelve-inch main and below Lake Dunmore). In daily operation the water flows from the filtration plant down the sixteen-inch main to the junction with the twelve-inch main near the north Cadet Barracks and then divides, part of it going southerly to serve the southern half of the low level system and to provide water at the medium level pump station, and part of it going northerly to the other end of the post. During the night water flows into the two reservoirs to replace water used during the daytime. The southern reservoir is the 2,500,000 gallon filter beds of the old filtration plant constructed at the same time as Lake Dunmore.

The various buildings of the post are supplied by eight-inch, six-inch, four-inch, and two-inch pipes leading from the twelve-inch main or from one of the smaller branches. The total storage capacity of the post is given in the following table.

	Capacity	El. Under	Fill
High Level, round concrete tank over Ft. Peterson	500,000	130.00	470.00
round concrete tank west of Laundry	500,000	487.00	470.00
Medium Level, round steel, north end of Post,	500,000	333.00	350.00
Low Level, Underground tank, round steel, near Pedestrian Road	500,000	289.00	305.00
Underground tanks, south end of Post Service Area steel plant	3,000,000	304.00	326.00

Combined storage capacity with the above mains is 5,500,000 gallons.

(f) Laboratory Controls: Portable chemical and bacteriological kits are necessary to control the purification process. Samples of the raw, settled and plant tap waters are analyzed each day. The character of the raw water changes with the seasons and the treatment is adjusted to maintain plant efficiency and to maintain wholesomeness of the finished product. In the bacteriological tests, a specific procedure is followed to detect the presence of healthful coli, as the presence of B. coli is considered evidence of sewage contamination. The U. S. Public Health Service defines the standards for a potable water. To discover any changes taking place in the distribution system and to further measure the effectiveness of the treatment process, once each week samples are collected from the cold and hot water taps of a customer on the post. In addition to the regular tests, certain special analyses are made of these samples.

(g) Reports: The daily plant operating conditions and results of all chemical and bacteriological tests are filed with the Post Engineer each week. Copies of the sheets dealing with the chemical and bacteriological conditions are also forwarded to the Post Surgeon, who has the authority to control the sanitary quality of the output. An annual report is prepared and reports on special problems are submitted from time to time.

(h) The water supply system at Camp Drake consists of a pumping station, 125,000 gallon storage tank and distribution mains. The water is pumped from Woodleaves lake to the storage tank. From the tank it flows by gravity to all points of the distribution system. Chlorine is applied at the pumping station. The distribution system consists of about 13,500 lineal feet of pipe which is mostly bell centrifugal. The pipe is lined wrought iron and steel, and as such is very corrosive. To suppress this corrosion, sodium hexametaphosphate (calgon) and soda ash are applied at discharge mains. To date the water is still unsatisfactory, having a bad odor and taste.

(i) At the Enlisted Men's Camp, there is a water system which consists of a pump, 40,000 gallon wooden storage tank and 4,000 lineal feet of distribution mains. Water is pumped from Hydrogen lake to the storage tank. From the tank, it flows by gravity to all points of the distribution system. The water is chlorinated at the pumping station. The water supplied the wooden storage tank is valved off and use is made of a portable tank which is installed in the pumping station. At frequent intervals during the summer, the wooden storage also supplies water to the Disease Area (Base Hdqr) elevated for additional use.

(f) There are numerous springs in the Park area which obtain water from shallow or deep driven wells. Most of these systems have pumps with the usual domestic pumping system.

(g) Park water has been potable bacteriologically and chemically throughout the entire year.

b. Sanitary Sewer System.

(1) There are no existing sewage treatment facilities for the park proper. The sewage is discharged into the Nelson River through five major and five minor sewer outlets. The network of collection lines comprises approximately 22,000 lineal feet of various types and sizes of pipe.

(2) A study of alleviating the pollution of the river by sewage from the park was completed 27 May 1969, and was followed by a second, more detailed study which has been included in the long-range improvement program by the Park Planning Board. The long-range program is still in the office of the Chief of Engineers for approval. The plan outlines the design and location of a primary sewage treatment plant with a capacity of two million gallons per day. This meets the requirements of the State for disposal into the Nelson River. So far as is known, no further requests for the construction of a treatment plant have been received from the State. The emptying of raw sewage into the Nelson River is reason for much concern in the Nelson Valley.

c. Refuse Disposal.

(1) Refuse are placed in separate cans at the various camping facilities. A contractor operating under a Conservation contract picks them up and carts them off the park for dumping purposes.

(2) Rubbish and the like are routinely picked up by a Park Ranger every day and carted to the park headquarters, where they are incinerated and the residue carted.

d. Insect and Rodent Control.

(1) In 1969 there were no cases of malaria at the Military Academy. However, preventive measures were enforced. In order to determine the need for a mosquito control program, the Park Surgeon conducted a continuous survey throughout the summer months. In carrying out the survey, four methods of collections were made, larvae, resting stations, biting and light trap collections. During this period a total of 697 larval collections and 36 adult collections were made and used as a basis for determining the necessity for initiation of the prevention. Of the 36 larvae collected, 22 were Aedes vexans. On the basis of this survey, a control plan of attack was formulated. The Park Engineer coordinated the Army Air Force to spread D.D.T. by airplane in the areas inhabited by the park personnel, for Aedes breeding, many areas and waterways areas. Other areas that were not accessible for airplane spraying were treated from the ground. Catch basins, ponds, and other known breeding areas adjacent to the post and training areas were sprayed at weekly intervals. Sewer chutes and drains were treated with a 5% D.D.T. solution. 1 specific

post police was contacted with a view to removing conditions which might be the breeding ground for the Anopheles mosquito.

During the year the following mosquito control activities were performed:

Mosquito Larvaciding	5300 acres
D.D.T. spray used 20%	1252 gallons
Outdoor Adulticiding	981 acres
D.D.T. spray used	390 gallons

(2) Fly Control. Special precautions are taken during the hot summer months to control the housefly population on this post and hold it to an absolute minimum. During the summer of 1949 the post was surveyed frequently to locate breeding places and to determine the proper control measures. The airplane spraying of 882 D.D.T. for malaria control had beneficial effects, but because of the special nature of this fly-breeding problem, additional D.D.T. and Chlordane spraying was necessary. Also, during the summer months the process of washing and sterilizing the garbage cans on the post was expedited; the mess and adjacent areas were sprayed with D.D.T. at weekly intervals during the breeding season. A total of 1430 places and 55 buildings were treated this year, using 330 gallons of D.D.T. spray.

(3) Insect Control. All mess halls and food-serving establishments are considered as potential breeding grounds for roaches. These buildings are inspected periodically and whenever buildings are found that roaches are present, corrective action is initiated. The corrective action usually consists of spraying D.D.T. or Chlordane, and is accomplished by the unit occupying the building or by the special insect control unit working under the Post Sanitarian. This special control unit sprayed 200 buildings, using seven gallons of 10% D.D.T., 13 gallons of Pyrenone-X, 320 gallons of Chlordane, and 10 gallons of 5% D.D.T. - 21 Chlordane mixture.

(4) Rodent Control. Rodent control activities were performed by Battalions and organizations in their respective areas, and by the special control unit operating under the Post Sanitarian. There is no record of the accomplishments of the battalions and organizations, the special control unit reported the following activities:

Rat and Mouse Control:

Traps Laid	300
Rats and/or mice trapped	69
Baits prepared (Rat meal)	32
Other Rodent Control (Ferret, Gases, Warfarin, etc.)	27
Man hours of labor expended	108

c. Medical and Miscellaneous Inspections.

(1) The post Medical Inspector, functioning under the Surgeon, is the principal Medical Department Inspector on the post. Under his general supervision, the following inspections are conducted:

Inspections	Frequency of Inspections
Mess Halls	Weekly
Snack Bars	Monthly
Barracks	Monthly
Swimming Pools (when operating)	Weekly
Beach Concessions	Monthly
Quartermaster and Messes	Monthly
Coast Patrol Army Base	Monthly
Theater Patrol	Monthly
Incinerator and Garbage Disposal	Monthly
Water Supply	Monthly
Physicians	Weekly

(2) Physical examinations of the following personnel are conducted: Food handlers, barbers and bakers. (The monthly inspection of troops has been discontinued, but unannounced inspections for venereal disease are still conducted.) Food handlers and barbers are given a complete examination every six months. An additional inspection is made of these people by a medical officer each month for tuberculosis and communicable diseases. In addition to such periodic inspections, the food handlers are inspected daily by the Mess Sergeant for general cleanliness, appearance, and apparent freedom from disease.

(3) Other Medical Department inspections include those accomplished by the hospital inspector, who makes routine and special investigations of the hospital. The routine inspections include a monthly check of alcohol, narcotics, and habit-forming drugs in the pharmacy and the Medical Supply Department. The hospital mess is also investigated at the close of business each month.

(4) The hospital is inspected twice each year by the Post Inspector General. An audit is made of the Hospital Fund after the end of each month by a representative of the Post Fiscal Office.

(5) Mess halls of the post are given sanitary inspections at least once each week. This includes the Cadet Mess in Washington Hall and the four enlisted messes on the post. The Cadet Mess has especially low seating the

within their areas at any sitting. The kitchen is modern, well equipped and well operated. Insofar sanitation is maintained at all times. It is undoubtedly one of the outstanding messes in the Army.

(6) The new enlisted messes are located in permanent buildings, have modern equipment, and are uniformly operated in a satisfactory manner. Other messes on the post are the Water Tunnel Theater, the Fort Kamehameha Army Store, the Main Post Barbershop, and the Quick Lunch Restaurant. These messes are inspected each month by the Post Medical Inspector to make sure that proper sanitation is maintained.

(7) On 1 July 1960 the enlisted messes changed from a field ration to a garrison ration. The principal effect of this change was financial and administrative, rather than in the quality and quantity of the food served. The master menu was continued as a guide for the daily meals and only minor variations (as approved by the Post Mess Board) were made in the individual messes. The various messes on the garrison ration were able to economize and produce more principally by smaller quantities of food purchased, rather than the elimination of any items from the menu. The menus were improved frequently to make certain that the approved meals were always on. All messes are reviewed by the hospital dietitian.

7. Bowling and Bathing Facilities.

(1) Theater and barracks bathing facilities are in general adequate and adequate, with the exception that toilet facilities are not screened. However, with adequate insect control, this is unnecessary.

(2) There are now two swimming pools and bathing areas where bathing is permitted on the reservation, namely:

Location or Name	Surface Area in Sq.Ft.	Volume in Gallons	Source of Water
Aquatorium Tennis	14,000	600,000	Ground water piped from Oahu Aqueduct, to ex-tinct lake.
Total Pool	887,000	25,000,000	Ground Lake
Officers Club Upper Pool	4,000	187,000	Fresh Water Ground
Officers Club Lower Pool	3,500	300,000	Fresh Water Ground
Cavalry Division Pool	3,600	110,000	Fresh Water Ground
Infantry Area Division Pool	3,000	110,000	Fresh Water Ground
Pearl Harbor Naval Fund	43,300	1,000,000	Harbor and natural run-off supported with fresh water supply during winter holiday season
Quick Operation Bay Pool	6,000	300,000	Fresh water supply and local rainfall
Quick Operation Lower Pool	3,000	125,000	Fresh water supply and local rainfall
Quick Operation Small Pool	1,500	100,000	Fresh water supply and local rainfall
Camp Timberman	5,000,000	200,000,000	Natural Lake

(3) The present conditions surrounding these holding ponds, together with the methods used to maintain conditions and the frequency of sample collection as practiced up to this time, are described in the order listed.

(a) Brooderie. This pool is on an estate purchased by the government about nine years ago for breeding purposes. This is an artificial pool with concrete sides and a mud or silt bottom. It is rectangular in shape and receives natural water from an artificial lake, into operation, located in the recreation stream, and a considerable distance from the pool. The pool and other parts of the estate are used for artificial pond propagational purposes at the present time. Most runoff and surface drainage is not directed toward the pool and hence runs directly into it. This condition, together with the mud bottom, makes the water turbid. The water depth is from ten to eleven inches deep. The rate at which fresh water can be put into the pool is not known, but it is known that the rate is very limited due to the length and size of pipe involved. There are no bottom conditions or chemicals to keep the pool. The harvest bullet and holding facilities are in the same house, about one-half mile away. This pool is used mainly in connection with breeding. The pool is rectangular in shape, the fresh water entering at the open from an overhead pipe and overflowing at the back. The pool is dosed once a week during the holding season with an amount of copper sulfate representing 0.80 p.p.m. Samples collected for test were found to be satisfactory, except for the turbidity.

(b) Second Pond. This is a small rainwood lake at a high elevation with a water shed of about one square mile. It was once a source of water for pond use, but now the area is used for recreational purposes, the most important of which is probably the boys' camp during the summer months. There is a pavilion with kitchen and dining room. Holding takes place mainly from a large dock. The lake is also used for fishing. There is no potable water supply in the vicinity, drinking water being hauled out in tanks and used water coming from a pipe laid out into the pond. There are no showers. There are elevated or dry-lift toilets located about 150 feet from the shore. No copper sulfate or other treatment has been found necessary up to this time, conditions being dependent upon the weather. It has also been the desire of the Fishing Club to avoid the use of copper sulfate. Samples collected have been satisfactory in the past.

(c) Sweetbay Club House Pool. This pool is located on the west, just below the Military Police Barracks. It is an earthen pool, the concrete sides and bottom not to act of standard design and construction. There are no facilities for filtering or continuously supplying chlorine continuously. It is capital, channel and political mud fifth day, water being drawn from the pool mainly. At last filling, a half-pound of copper sulphate is put into the pool to control the growth of algae. This is a dose of 0.4 p.p.m. The pool is fenced in and is used during the summer months with running, afternoon and evening holiday periods. Chlorine is applied by spreading a hypochlorite solution on the surface of the water one-half hour before holiday, the strength of the solution being designed to give a 1.0 p.p.m. dose. There are drinking fount and

showers in a building adjacent to the pool. Samples of the water have been collected once each week and have generally been satisfactory, except for free chlorine content. Under the more or less makeshift method of application, together with the large amount of replacement water required (probably about ½ the pool volume per day) it is impossible to maintain a uniform chlorine residual. Then solution is poured on the water during bathing periods, the bathers complain of smarting of the eyes and other unpleasant after-effects. It is not desirable to increase the strength of the chlorine solution at the beginning of the bathing period for the same reasons.

(d) Service Club Lower Pool. This pool is also an outdoor pool, located across the road and about 100 feet from the Upper Service Club Pool. It is also a plain concrete box and not of a standard design and construction. It is not fenced in. It also has no facilities for applying chlorine continuously. Showers and other facilities at the Upper Pool are, of course, available to bathers at this pool. Cleaning and refilling is also done each fifth day, the day being staggered with the other pools so as to equal the withdrawals from the pool supply. The application of copper sulphate, chlorine solution and the like is the same as those described for the Upper Pool.

(e) Cavalry Division Pool. This is an outdoor pool located in front of the Cavalry Barracks and is surrounded with a wire fence, the gate of which is kept locked when the pool is not in use. It is also a concrete box, and not designed to accommodate with extending pool chemicals. It leaks somewhat, also. Chlorine solution is applied in the same manner as the other concrete pools. There is a dressing and shower room building. The dressing room is used for guests; the enlisted men usually depend in the adjacent barracks.

(f) Ground Force Detachment Pool. This is an outdoor pool located just north of the Detachment Barracks. It is surrounded by a wire fence and the gate is locked, except during bathing periods. It is constructed entirely of concrete and is of better design than the other pools described, as it has a scum gutter all around the top. There are no bathhouses, but showers and dressing rooms are located near the pool for the use of guests. The use of the pool has been very restricted, and it is located just across the street from the barracks. Chlorine application, and other pooling, has been the same as for the other concrete pools.

(g) Schofield Lake. This is an open-air pool made from an artificial pond once used in connection with a past water supply. It is connected to Round Pond with a six-inch cast iron pipe and at one time Round Pond water was used to keep Schofield fresh. However, after the development of Round Pond for recreational purposes, it was found that the withdrawal of water from Round Pond was so great as to destroy the bathing and fishing activities at Round Pond, so that practice was discontinued. For that reason, water from the pool supply is now being used to keep Schofield fresh, the amount varying from about 10,000 to 300,000 gallons per day. The fresh water enters the pool at the south end and flows out through a small overflow pipe at the north end. The bottom and sides are natural earth or rock with the exception of the west side, which is a concrete slab on the earth dam forming the pond. It has a maximum depth of

perhaps 35 feet. There is a bathhouse with lockers, toilet facilities and cold water showers. It is open only during the summer months and use is restricted to officers and their families, guests and their guests. The body of water is too large to attempt any means of applying chlorine. The lake is stocked with fish. Samples are collected each week and have been found satisfactory, with the exception that late in the summer, and especially after a period of dry weather, the water has sometimes developed an odor due to the growth of algae. Some years ago an attempt was made to remedy the condition by applying very mild doses of copper sulphate periodically. This resulted in the loss of some fish and brought such complaint from the fishermen that the practice was ended. As far as the water in the lake is concerned, the supposition has been that the volume of water is such as to over-ride the chemotherapeutic of a natural holding plane, and the only problem remaining to be solved is the one of finding a way to kill the algae without killing the fish.

(b) Outlet Swimming Pools. Three are indoor pools and are kept in operation throughout the year. They are fresh water in every respect, and are each equipped with their own battery of pressure filters which recirculate, filter and chlorinate the water day and night. The recirculation rate is about 300 g.p.m., which turns over the large pool about twice a day and the small pool about three times a day. Soda ash and alum are used to coagulate the water for the filters. Fresh water for replacement of waste is taken from the park supply. Chlorine residual and hydrogen ion concentration are maintained by the individual in charge of the filters. Samples from each pool are taken once weekly throughout the year, and the condition of the water has been excellent. Growths of slime and algae on the tile are prevented by frequent cleaning without removing the water and usually once each year the pools are completely emptied for general repairs and cleaning.

(i) Camp Perkins. This camp is on the shore of Keuka Lake, a rather large body of water, and bathing is confined solely to an area near the spillway of the dam having the lake and only during the summer period, when the camp is used for training purposes. No special means of maintaining sanitation of the water have been employed up to this time. Generally, rainfall is sufficient to maintain a small flow of water over the spillway, which is beneficial to the bathing area, as it tends to sweep contamination away. Copper sulphate is applied to the bathing area when the lake becomes stagnant. There are dressing rooms and toilets and cold water showers adjacent to the bathing beach. Water samples from the bathing area are collected, and have always indicated a satisfactory condition.

(j) Outlet life-guards are on duty at all pools during authorized swimming hours. Recreational are a part of the equipment at all areas of activity. Rules for use of pools are essentially those described in Bureau's "Military Recreative Bulletin," and below, Headquarters first aid, and are posted at all pools. There are three of the open-air concrete non-circulation pools that do not meet the standard specifications in construction or facilities. Present methods of chlorination in four of the pools are unsatisfactory in that present is variable, and there is a lack of uniformity of

exterior doors. Dressing rooms are available to personnel for all pool pools, but not in the customary, except for one pool. All pools are directly adjacent to lavatories and showers are required. Toilet facilities are located at the pools.

(5) Mechanical chlorinators and recirculation pumps have been purchased for the outdoor pools, but due to mechanical difficulties, did not go into operation during the summer. Assurance has been given that the difficulties will be solved and the units will be in operation this summer.

9. Training.

Training activities at this hospital fall into the following categories:

a. Professional training of the medical staff - although the hospital staff is not large and there is not the wide variety of clinical material desired, conferences and civilian consultants have been utilized to the fullest extent for professional training. Weekly conferences are held as follows:

Staff Conferences: 45 minutes weekly to review and discuss ward-administrative problems.
Surgical Conferences: 1 hour in the form of Clinicopathological Conference by Chief of Service.
Medical Conferences: 1 hour in the form of Clinicopathological Conference by Chief of Service.
Multispecialty Conferences: 1 hour weekly to review and correlate files with clinical history and findings of the previous week.
Consultants' Conferences: Nine expert civilian consultants, appointed by the Secretary of War, upon the recommendation of The Surgeon General, for this hospital.

These one-half hours, once or twice weekly, in the form of panel rounds in the hospital or outpatient clinic, attended by all officers of the respective medical or surgical services, are followed by a one-hour lecture by leaders and discussion on a subject announced in advance and attended by all officers. These consultants visit the hospital one or more times per month.

During 1949 visits by civilian consultants occurred regularly, and this year saw an expansion, and completely satisfactory utilization, of these services. The names and hospital affiliations of the consultants for this hospital follow:

Name	Hospital
Dr. Frederick M. Hanes Roentgenology	First Army Consultant
Dr. Charles W. Mayo Radiology	St. Luke's Hospital Duluth, Minn.
Dr. Emil Ortega Obstetrics	St. Luke's Hospital Duluth, Minn.
Dr. Clifton F. Mabry Dermatology	Presbyterian Hospital New York City
Dr. Maxwell M. Gould Pediatrics	St. Luke's Hospital Duluth, Minn.
Dr. Charles H. Mayfield Ophthalmology	St. Luke's Hospital Duluth, Minn.

Continued:

Name	Hospital
Dr. Matthias Gutbrecht Internal Medicine	Presbyterian Hospital New York City
Dr. Emil Stehle Orthopedics	Kingston City Hospital Kingston, New York
Dr. Robert L. V. Elliott General Surgery	Presbyterian Hospital New York City

The professional stature of the consultants was such as to gain the respect and genuine interest of all professional personnel. They were utilized, generally, chiefly in the capacity of helping the regular staff in their work, and secondarily for teaching. The consultant in dermatology and the consultant in psychiatry came to Walter Reed much more often than the other consultants because they, to all intents and purposes, acted as members of our regular staffs; that is, they saw patients on initial visits, and not merely as consultants after all of the laborious preliminary detail work had been done. Without these two consultants, this hospital's services would have been seriously impaired. In general, the other consultants were most useful in master and policy advice concerning unusually difficult cases. The consultants always taught the personnel of the service concerned while they were primarily in addition, some of them lectured to the entire hospital staff regularly.

The allocation of the consultant's time depended on how the Chief of the Service concerned thought he could obtain greatest help from him.

The relationship between the consultants of this hospital and the regular staff during 1949 were exemplary, and it would be difficult to improve this phase of the hospital's function.

b. All Medical Corps officers have completed the course, "Medical Aspects of Atomic Warfare."

c. During the 1949 calendar year the Department of the Army initiated a world-wide Army Officers' Training Program entitled, "Officers' Call." All officers of the Army participated in these training programs. At this hospital the officers' group meets for one hour each month to discuss the subject matter-mailed in the training program by the Department of the Army. These discussions are ordinarily conducted on the last Friday of each month, between the hours of 1300 and 1500, in the Conference Room, this hospital.

d. Military and technical training of the enlisted cadre, conducted by the 3000 Special Regiment, USA, except for the "on-the-job" training supervised by the hospital, an informative information and education program, as well as required military training, were carried out under the supervision of the Regiment. "On-the-job" instruction is accomplished by the hospital throughout the year.

10. Headquarters and Reports.

a. Station. The station of the Headquarters and Reports Section of the Station Hospital, USA, is to provide officers of consultation and record for all matters relating to the administration of hospital affairs and personnel.

(1) Office of the Adjutant. The duties of the Adjutant of the hospital are as generally prescribed in pertinent Army Regulations and as directed by the Instructions of the Commanding Officer of the hospital. As the representative of the Commanding Officer, the Adjutant is charged with supervision of the following activities:

(a) Office of the Sergeant Major. In that the Station Hospital is considered a Class A activity on a Class IX Installation, this office functions as a small headquarters sergeant-major's office; the hospital receives distribution of official publications from the Surgeon General, Headquarters First Army and Headquarters, USA, accordingly, and in general must function at an advanced level. Personnel allotted to perform this function are:

1 Sergeant Major, Grade 7
1 Assistant Sergeant Major, Grade 8
1 Administrative Assistant, Grade 3
1 Civilian Stenographer, GS-4

The office is located next to that of the Adjutant, immediately to the right of the entrance to the hospital, and serves both the Officer of the Commanding Officer and the Executive Officer. Office space and appurtenances are adequate and well-appointed to serve their purpose.

1. A master set of official publications is maintained in this office, regulations being posted and filed within 72 hours of receipt. Publications directly affecting technical matters or personnel in the hospital are circulated for information or necessary action, and all Chiefs of Services are informed of directives of more general application.

2. Numerous sets of hospital publications are maintained in this office. The Adjutant acts as Printing Control Officer for the hospital, and as such approves all material submitted for reproduction or for printing by the USA AG Printing Office.

3. All incoming and outgoing correspondence of an official nature is processed through this office by way of the hospital Message Center. Correspondence files are maintained in accordance with the provisions of current directives, and are classified according to the Decimal System, with a subjects index. A "dead" file room is located in another part of the hospital, on the same floor, where files that have been terminated, awaiting time limit for proper disposition, and those files which have been declared of permanent value, are stored for convenient keeping.

4. In addition to the publications and correspondence files, there are maintained in this office files pertaining to the conduct of the career in Military Medicine, under MOS medical files, and files of military personnel assigned to the hospital. The medical MOS files contain all material of medical interest pertaining to a select roster; the location of the Academy the personnel files for officers are contained, as a less comprehensive scale, to those maintained in Officers' Personnel Section for the post. It is necessary

that the hospital maintain such files because of the many matters of personnel nature that are peculiar to the Medical Department; a non-statistical service to Headquarters, USN, is thus rendered.

5. This office acts as Publications Division for the Hospital Mess Administrator. Patients billed for subsistence in hospital and personnel reporting with the hospital, present payment for duties or removal to the Sergeant Major or other located boarding clerks in the Sergeant Major's offices.

(b) Hospital Information Office. An Information Desk, with 24-hour coverage, is located in the hospital main entrance lobby, where the desk clerks answer telephones, handle routine inquiries, direct visitors to sections in the hospital, maintain locator card index for patients in hospital, receive, direct and deliver patients' mail, telegrams, and telephone calls, and operate the hospital public address system. Between the hours of 1600 and 0700, the clerks on duty function as the Hospital Admissions Office, and record clinical information taken from patients treated or admitted by the Medical Officer of the Day during those hours. Ambulances are dispatched by the desk personnel, and at night the senior man on duty acts as Hospital Sergeant of the Guard. All duty rosters and "on call" rosters are registered at the desk, and complete Duty Rosters and Directory Boards are kept up to date by the personnel.

(c) Message Center. The system inaugurated last year of providing a central message center and hospital-wide distribution system has been found satisfactory, and continues in operation substantially as it was instituted. All distribution material from higher headquarters is received at the main station, and this, together with intra-hospital correspondence, is sorted and addressed for delivery on four regular trips to 17 sub-stations in the hospital per day, plus such special trips as are necessary. The message center is staffed with one civilian messenger, GS-3, controlled by the Information Desk Clerks in the matter of distribution.

(d) Postal Activities. The Chief Mail Clerk for the hospital is also the Chief Messenger. Although this dual designation is not the most suitable arrangement, it is necessary in view of the limited personnel and space available for the handling of mail. The chief clerk is well acquainted with his duties and responsibilities in connection with postal activities, and supervises the enlisted clerks who assist him in divorting and delivering the mail. All hospital personnel and patients receive their mail at the hospital. An effort has been made to screen all mail and packages intended for members of the Army Nurse Corps and for members of the Medical and DDS Detachments, to be delivered to their respective quarters, in order that the total amount of mail to be handled may be reduced to a quantity consistent with the personnel available to do this work properly.

(e) Military Personnel. As has been indicated above, the hospital performs a considerable amount of the personnel actions required for the military personnel. In addition to the 201 files maintained, there are index cards containing pertinent statistical data, assignment and ad-

dditional duty orders, and duty rosters maintained by the Adjutant. In coordination and cooperation with Headquarters, WDSF, O-K, and 41 stations, issues relating to personnel requisitions, leave records, procedures, and training programs are processed by the Adjutant. It is estimated that the amount of personnel work performed by the hospital Adjutant for civilian personnel accounts for the expenditure of 10 to 20 man-hours per week.

(4) Civilian Personnel. The Adjutant is also the Civilian Personnel Officer for the hospital. The amount of work required in connection with civilian personnel activities has been increased considerably this year as a result of the employment of civilian physicians to perform those duties normally assigned to Medical Corps officers, and of civilian personnel to perform those duties normally assigned to enlisted technicians in the Hospital Mess Kitchen. The civilian administrator on duty in the office of the Surgeon duty sets a payroll and time clock for all U.S. Civil Service employees of the hospital, as well as assuming the responsibility for dissemination of all information and directives of peculiar applicability to Civil Service employees. The payroll sheets and time keeping records have become very complicated and technical with the advent of civilian physicians and dietian personnel on the hospital staff; the hazards upon the time of the civilian personnel staff clerk have increased proportionately, and now account for approximately one and one-half hours per day of her time.

Four members of the civilian personnel staff of the hospital received pay increases for superior accomplishment during the year. The suggestion submitted under the provisions of the Department of the Army Employee Suggestion Plan by a hospital administrative employee is still in process of review and evaluation.

b. Changes and Progress in Policy and Operation.

(1) The assignment of an Administrative Officer to the Outpatient and Dispensary Service of the hospital since 1 December 1960 has at last relieved the headquarters section of a considerable load in the matter of preparing correspondence and records related to the Outpatient and Dispensary Service and to the Physical Examination Section. It is anticipated that this officer, MSC, will take over the additional duty of Records Administration Officer.

(2) With the inactivation of Fort Dibble General Hospital, this hospital received a considerable amount of property and equipment. Linens and furniture received from Fort Dibble have been added to the Ward officers, and, together with the wooden blinds installed by authority of the Surgeon General, contribute greatly to the atmosphere of increased civility and attractive appearance of these rooms. A wall-to-wall rug has been placed in the office of the Adjutant, and the addition of framed oil paintings to the decorative scheme in all offices has served to increase their attractiveness and eliminate the former custom of painting the walls with green wash, wall rites, and brown markers.

(3) Authority for the printing and use of "Correspondence Cards" to route material expeditiously and surely through the various sections of the hospital was obtained this year, and has operated to increase the efficiency of the distribution system.

(4) The card index to pertinent official publications has been maintained throughout the year, and has served well as a facility for ease of reference to such directives as are sought by United Department personnel.

(5) Hospital Regulations, which had been published back in 1946, were revised and republished during this year. They are complete and current for ready reference by assigned personnel, and serve the purpose of familiarizing newly assigned staff members with the operation and function of all parts of the hospital.

(6) Progress in supplying the hospital with steps and directories printed in standardized form has been satisfactory. Most of this work has been performed by the 10th AU Printing Office, but it is anticipated that a considerable amount may be secured by the hospital at the time that the mimeograph machine ordered from Fort Totten is received and in good working order.

(7) The receipt of an electric typewriter for use in headquarters section has proved to be a valuable asset. Typist time and fatigue have been reduced to a noticeable degree.

9. General. Under consideration, as a result of additional space having been made available by the consolidation of hospital wards with unit wards, is a plan to consolidate the offices of the Adjutant and Quartermaster, and to include in the consolidated plan of operation some of the features of pooled hospital administration experimented in 1949 by certain general hospitals of the Army.

10. Funds. There are two funds administered by the Adjutant of the Station Hospital, in accordance with the regulations set forth by the Department of the Army, the U.S. Military Academy, and the desires of the Commanding Officer of the Hospital.

a. Soldiers' Fund. In addition to regular duties, the Adjutant acts as Custodian of the Soldiers' Fund. The fund is administered according to current applicable authority and directives. A simple system of daily-entry bookkeeping is in use, and the vouchers in the fund, consisting of Receipt Certificates, are disposed of according to the provisions of paragraph 3d3, A.R. 345-105C1. The fund is audited once monthly by a specially designated officer within the hospital, and from time to time by a representative of the Office of the Inspector General, USA. Funds and valuables are safeguarded in a particular safe located adjacent to the Adjutant's office; a shooting approach is not maintained, having been discontinued several years ago due to the fact that the fund seldom accumulates sufficient amounts to justify this a practical arrangement. Patients who are hospitalized within have personal funds which they wish to deposit, in that the safe's system does not permit their possession of any substantial amount of cash. The greatest number of deposits are made by enlisted men who are patients in the hospital, and there is a noticeable increase in the number of deposits and withdrawals in the period at the end of the month during which military personnel receive their pay and allowances.

During the year 1949, a total of 577 deposits and withdrawals were made by patients in the hospital.

b. Military Systems Fund. This fund, administered by the Adjutant under the supervision of the Commanding Officer of the hospital is the property of Military Systems, is for the purpose of procuring professional publications, training material, and other items for use in the academic instruction given to enlists in this subject. For the Fiscal Year 1939, a total of $500.00 has been made available by the USAH for this department. Of this amount, a balance of $241.73 remains unexpended as of 1 January 1940. It is anticipated that the larger part of this sum will be expended in the spring for the construction of a new military demonstration area.

Procurement of professional journals has been provided by the new fiscal arrangement organized by the Surgeon General for the purpose, and these accounts are now administered by the Medical Supply Officer of the hospital.

11. Professional Library.

a. A library of approved and modern medical reference books and professional journals of wide scope is maintained for the convenience of, and accessible to, all personnel. The hospital Professional Library is situated near the front entrance of the building. The space provided is not ample to properly accommodate and store professional books and journals; it is hoped that a larger room will be provided in the coming year. During the past year the Military Systems library account of 241 books was transferred to the regular Medical Library account. In addition 220 books were received from Fort Sykes; one book was donated and 115 were procured through local purchase. A total of 1379 books are now available in the Professional Library.

b. The procurement of journals during the current year was somewhat unsatisfactory in that notice was not received until April that journals would not be automatically furnished. Funds for local procurement were not received until a later date; this delay resulted in a break of the subscription period, and various publishing companies could not supply out-dated issues. Funds for the purchase of journals for the year 1939 were received in sufficient time to enable the hospital to renew subscriptions. A total of 79 journals were procured during 1940, and a total of 78 subscriptions were placed for the year 1940. Appropriation for the Station Hospital, USAH, for the purchase of books and journals was $600.00 for the Fiscal Year 1939, in accordance with authorities from the Medical Supply Officer, Schenectady General Depot.

c. Books are maintained by the librarian and a standard system of borrow in contact with borrowers and due dates is established and functioning satisfactorily. From time to time during the year, a mimeographed list of all volumes newly purchased for the library is circulated among all hospital personnel.

d. In order to keep abreast notice of current interest to the hospital personnel of staff specialists, periodical professional journals, when received, are put into limited circulation immediately. The last person on the distribution list returns the journal to the library, where it is kept in circulation file with other issues for the current year.

13. Fire Protection and Precaution.

a. The Fire Department at this station is a post function. Hospital personnel are primarily concerned with fire precaution, but will be utilized in fighting a fire prior to the arrival of the Fire Department, and are solely responsible for the systematic evacuation of patients and records.

b. Precautionary measures consist of monthly inspections with the points of view of good housekeeping, elimination of refuse, proper storage of inflammable materials, loose or frayed electric wiring, defective flues on chimneys, and conditions of fire extinguishers.

c. Other preventive measures consist of continuous checks on the smoking habits of personnel, formal checking and inspection of all hoses, hand-operated extinguishers, and other equipment.

d. All regulations, ideas and suggestions of A.R. 100-80, TM 5-600, TM 5-695 and TM 30-402, are complied with.

14. Emergency Plans. This hospital has organized plans covering every possible type of emergency. These plans are maintained in a current status, available for immediate implementation, should an emergency arise, including:

a. Classified Emergency Plans require medical support for both on-the-post and off-the-post emergencies.

b. The Disaster Plan, [redacted], outlines the action to be taken by the Superintendent, [redacted], in emergencies arising from disasters within the First Army Area when military assistance becomes necessary. The medical support for this plan is outlined, and the medical equipment to be used is available in the Medical Supply Room.

c. The Surgeon, [redacted], is the Commanding Officer, Hospitalization and Evacuation District No. 9, First Army Area. As such, the Surgeon, [redacted], is responsible to the Surgeon, Headquarters First Army, for hospitalization and evacuation activities required in District No. 9, First Army Area, which includes the counties of Orange, Sullivan, Ulster, Greene, Columbia, Dutchess, Putnam, Delaware and Westchester.

d. The Hospital Emergency Plan provides emergency organizations covering any disaster or catastrophe which may occur within the hospital. These include fire, air raids, bombing, gas or atomic attack. The organization and duties of the personnel involved are outlined in current Hospital Regulations. In 1949 a new fire plan was written for the hospital which includes primary, secondary and tertiary avenues of exit for all wards and parts of the hospital. Fire drills are conducted four times each year, so that all personnel are familiar with the fire regulations and the avenues of exit for their departments. The night Medical Officer of the Day frequently checks the personnel on duty during the night hours to make certain that they are familiar with the problems of fire and evacuation.

15. Boards.

Medical personnel are members of the following post boards:

Character Guidance Council
Flight Class Committee
Post Mess Board
Post Point Army Mess Board of Governors
Post Point Central Post Fund Council
Ambulance Board
Post Safety Council
Officer Candidate School Board

The following hospital boards were in operation during the year:

Therapeutic Board
Mess Board
Hospital Disposition Board (enlisted, officer and ended)
Hospital Fund Council
Civilian Retirement Board

All boards pertaining to detachments are the responsibility of the 2822d Special Services, USAF.

16. Medical Supply.

a. Medical Supply Department.

(1) The Medical Supply Department is responsible for the procurement, storage and issue of Medical, Quartermaster, Engineer and Signal supplies. In addition to the regular supplies, this section procures, stores and issues all blank forms; this section is also responsible for the operation of the duplicating machine whereby all local forms, Special Orders, etc., are reproduced for the entire hospital.

(2) During the past year approximately 204,450 gross pounds, consisting of 600 shipments of medical supplies and equipment, were received from Medical Depots, transferred from other stations, and by local procurement. All equipment and supplies received from depots were in excellent condition. The only exception was some equipment received from the St. Louis Medical Depot; listed below are items which were supposedly shipped as new or completely overhauled equipment, but upon receipt either had to be returned for repairs or new items requisitioned:

(a) Item 6-307-150 Lathe Dental (Dead unit - shaft bent).
(b) Item 6-013-770 Cooling Unit, 15 gallon capacity (Dead unit - requiring immediate repairs).
(c) Item 6-013-770 Cooling Unit, 60 gallon (Dead unit - requiring repairs continually).
(d) Item 6-126-675 Radiographic Unit, mobile (Dead unit - head leaking oil).

(3) Elevator, preserving, office equipment, chinaware is being received from the Quartermaster in sufficient quantities. Previous allowance for salt, pepper and sugar shakers is not considered sufficient for operation of hospital mess and tray service. It is recommended that the beverage allowance for hospitals be increased to 50% per quarter.

(4) A total of 371 requisitions were submitted during the year. Of this number, 14 were submitted as emergency requisitions, 33 for hospital and dispensary projects, and 4 for replacement tubes for x-ray and dental instruments.

(5) A total of $3,799.33 was authorized for the purchase of non-standard items. Requisition of funds into three categories (Emergency, Regular and Depot Approval) has proven very satisfactory and continuance of this system is recommended. An additional $4,078.70 was authorized for the purchase of special equipment as recommended by the (U) Medical Equipment Survey Team (Issue Bar, Cabinet,Furniture, Sutures, Heating Pad,Stool).

(6) Personnel. Assigned to this section are one officer, four enlisted men (one part-time), one WAC, two civilians (one stenographer and one stock record clerk). Under normal conditions,medical personnel are considered adequate; however, due to furlough, temporary details, illnesses, there are times when the efficiency of the personnel is reduced by as much as 50%.

(7) Storage Facilities. Approximately 4,000 square feet of floor space is utilized for storage facilities. This area is established into (a) office, (b) open stock room, (c) case stock room, (d) instrument repair, (e) blank forms and (f) an approximate area of 700 square feet is utilized for the Issue Exchange. In addition, approximately 1,000 square feet of space is utilized for storage in various parts of the hospital. An additional 1,000 square feet of floor space is required to eliminate storing of equipment in these scattered small rooms.

b. Maintenance Section.

(1) The Maintenance and Paint Shop is located in the basement of the hospital, and is well equipped to accomplish all minor repairs of the hospital. This section is under the supervision of the Medical Supply Officer and consists of two artificers, one painter (civilian), and one enlisted man (part-time). The artificers are employed primarily to do all minor repairs, such as re-setting doors, windows, floors, door checks, tightening miscellaneous screws, cabinets, etc. However, repairs, whenever possible, are also accomplished on medical equipment. The painter has been painting the interior of the hospital, and to date has completed the Dental Clinic, Operating Room Section, Wards I and II, part of Ward III, Library, Conference Room, Outer Waiting Room, Eye Clinic, ENT Clinic, offices of the Surgeon, Executive Officer, Adjutant and Personnel Major. In addition, various small items of furniture have been refinished.

(2) One enlisted man (MOS 8320 - Medical Maintenance Technician) has been reclassified, and is expected to report for duty in the near future.

c. Mess Exchange.

(1) The Mess Exchange has been in operation since 1 October 1943. The Mess Exchange was placed under the supervision of the Enlisted Employees Officer; two enlisted men were assigned for duty. During the year there had been a total turn-over of enlisted personnel in this section; the training of personnel and the operation of a smooth-running exchange had been very difficult. Two enlisted men are now permanently assigned, and it is expected that the Mess Exchange will function satisfactorily.

(2) Mess income for the current year amounted to a total money value of $[illegible]. The increase of monetary loss during the last two quarters was due to increase in cost of Mess (change to Army-Navy Catalog).

(3) The following recommendations are submitted:

(a) That all vouchers be eliminated from Mess count.

(b) That the T/O of this hospital be amended to include three enlisted men for the Mess Exchange.

(c) That Military Occupation Specialty (MOS) numbers be assigned to personnel on duty in the Mess Exchange.

IV. Veterinary Service.

a. General Station and Procedure. (1) The primary mission of the Veterinary Service, this station, is the inspection of foods of animal origin sent by the Army and the establishments in which these foods are produced in order to determine their sanitary condition. In this respect, a monthly inspection of all establishments supplying products of animal origin to this station and Stewart Field is accomplished. In addition, initial sanitary inspection is made of all establishments in this localities wishing to bid on contracts to supply food products to Army installations, in compliance with Letter, Office of the Surgeon General, Washington, D.C., dated 7 December 1942, subject, "Functions of Veterinary Corps Officers Available for Veterinary Inspection of Food Products of Animal Origin." Daily sanitary inspections are made at the Post Creamery, Post Bakery and Quick Lunch of all foods received and issued. Places of storage, such as warehouse and refrigerators, also, are given daily sanitary inspection as to method of handling, cleanliness, and refrigeration. Representative samples of milk, light and heavy cream, and ice cream are taken weekly, or more often, when necessary, and are given bacteriological examination and are tested for butterfat content and degree of pasteurization. Type II, No. 2 pasteurized milk, light and heavy cream are furnished this station from the Crowley Milk Company, Hudson, New York, and the S. J. Hoyt Dairy Farm, Malden, New York, which furnishes milk and cream exclusively to the Quick Lunch. Ice cream is furnished by the General Ice Cream Company, Poughkeepsie, New York, and is also produced locally at the Quick Lunch for consumption by the U. S. Corps of Cadets. The milk supplied to the Crowley Company comes from tuberculosis free herds throughout the state. Survey of these farms taken during the year showed that the herds of all these farms are accredited and have been subject to annual tuberculin testing as required by existing state ordinances and milk codes. Milk furnished from C. J. Hoyt Dairy Farm is obtained from herds kept on the farm of Hoyt C. J. Hoyt. These herds are also accredited and tuberculin tested. Milk is pasteurized and bottled on the premises

major station sanitary conditions.

(2) Medical and surgical service is maintained for small animal pets of post personnel and authorized civilian employees. Small animals are treated and hospitalized at the Veterinary Hospital for a nominal charge, and such monies as are collected comprise the Fort Veterinary Fund, authorized 5 May 1948, to the Fiscal Officer, USA, for the collection of operating expenses for board and treatment of small animals on the post. The Station Veterinarian is the custodian of this fund. An average of 50 to 75 small animals are treated monthly. The usual types of cases treated run to parasitic and non-parasitic skin diseases, distemper, enteritis, intestinal disorders and the common diseases of small animals. There has been no petition made of review at this station since 31 May 1948. Paragraph 1.d, Part Two-Duties, provides that all dogs kept on the post be authorized by written permission of the Superintendent, USMA, and must be vaccinated yearly against rabies. In compliance with paragraph 12 d (1), Circular No. 3, A.R. 40-4000, dated 11 June 1947, 140 small animal pets of post personnel were vaccinated against rabies during the year. Operations such as castration and hysterectomy are performed on small animals when requested by the owners. Equipment for large animal medical and surgical service is also maintained at the Veterinary Hospital.

b. Building and Space. The Veterinary Hospital and barracks is of brick and concrete construction, and equipped with adequate apparatus for fire control. Fly and insect control is accomplished by means of screens and daily spraying with insect repellents. A stable, guard, dressing floor, two offices, pharmacy, storeroom and laboratory comprise the physical plant of the hospital. Isolation rooms, day-rooms and kennelettes comprise the barracks section. Heat for the building is supplied by a coal furnace.

c. Equipment. The stable of the hospital contains six large box stalls, a solid stall, a mule stall, and a converted double stall used as a dog kennel. It contains eighteen dog cages. An average of about fifteen small animals are hospital at the hospital monthly. These cages are kept in the stables and are cared for by personnel of the section. These animals are used solely as football mascots of the U. S. Corps of Cadets. Forage is kept in a loft above the stalls. A large corral equipped with a circular water trough connects to the stalls. A dressing floor is equipped with restraining stock, spring and suction operating tables, sterilizer cabinet, and a small refrigerator for biologics. A small pharmacy leads into the dressing floor. The laboratory is equipped with a centrifuge, incubator, microscope, hot-air oven and all necessary equipment for the bacteriological testing of dairy products and the microscopical examination of internal and external animal parasites.

d. Personnel. Current authorization of the section is for one Veterinary Officer and five enlisted men. The enlisted personnel are members of the Cadet Mess Detachment, Veterinary Section, 2222d Special Regiment, USA, but function under the direct supervision of the Station Veterinarian.

e. Due to the fact that horses are no longer authorized for this station, the medical and surgical work of the section have been solely on small animals.

f. Number of pounds of forage inspected - 27,678
Number of pounds rejected - 0

Number of meat, poultry, dairy, seafood, bakery and feed processing establishments inspected during the year and approved - 14.
Number inspected and disapproved - 0.

g. Number of pounds of meat and dairy products inspected and rejected for each class:

Meat and Dairy Products	Pounds Inspected	Pounds Rejected
Class 3	250,000	0
Class 4	3,987,647	4,609
Class 5	134,095	0
Class 6	0	0
Class 7	3,606,741	0
Class 8	331,127	0
Class 9	0	0
Total	7,027,815	Total 4,609

h. Comments. Little difficulty is encountered in the operation of the Veterinary Service. Personnel are efficient and adequate to meet all requirements of this section. Supplies are easily accessible through the medium of the Medical Supply, Station Hospital, Quartermaster, WPB, and through local private agencies when required.

10. Surgical Service.

a. The surgical staff, as of 31 December 1943, consisted of 1 Colonel, MC, 1 Major, MC, 3 Captains, MC, 1 Captain, WAC - PT, and 2 civilian M.D.s. The Surgical Service is comprised as follows:

Chief of Service	1
General Surgery Section	2
Orthopedic Section	1
[illegible] Section (civilian M.D.s)	2
ENT & Opn. Section	1
Physical Therapy Section	1

b. Supplies and equipment were recalculated by the Board from The Surgeon General's Office on 8 September 1943. It was recommended that ten beds with extension appendages, and five new type inhalators, to obtained; three have arrival, two for Obstetrical Ward and one for Pediatric Service. High pressure instrument autoclaves for the operating room were also recommended.

e. The following wards are operated by the Surgical Service:

Ward No.	Type	Capacity
1	Enlisted Surgical	37
30	Quiet Surgical	41
50	Obstetrical	14
	Nursery-Examinate	14
70	Officers' and Women's Surgical	16
	Total	113

d. Operating and Anesthesia Section. There have been no major changes in this section during the past year. The entire suite was painted, and radiator covers were obtained for all radiators in the corridors and operating rooms. This has improved the general appearance and has reduced the labor involved in keeping the radiators clean. In addition, during the fall the heating was changed to the air conditioning system in place of the radiators, resulting in more even temperature and greater latitude in its control. A metal work table was obtained for the work room, and this has increased the efficiency in this department. During the last quarter the operating section has assumed the duties of a central sterile supply service for the hospital. The Obstetrical Section continues to prepare and sterilize their basic packs. There are two trained nurse anesthetists assigned to this section, which is the minimum number of personnel for effective operation, as they administer anesthesia in the operating rooms and in the Obstetrical Section. The enlisted personnel consists of four enlisted men and two enlisted women. The section is well-balanced and is operating very efficiently.

e. Changes in personnel.

NAME	TYPE	ARRIVED	TRANSFERRED OR DISCHARGED
Colonel William L. Todd, Jr.	Chief, Surgical Service	15 Jun 1949	-
Major Ralph F. Cannon	Asst. Chief of Service	27 Jun 1949	-
Captain Charles K. Liddell	Ward Officer	29 Sep 1947	-
Captain John P. Harrigan	Orthopedics	7 Aug 1948	-
Captain H. F. Shoemaker, Jr.	Orthopedics	26 Sep 1947	1 July 1949 T
Captain Conrad B. Jones	Obstetrics	15 Apr 1949	15 Dec 1949 D
Captain Willis M. Fraun	Obstetrics	9 Aug 1947	9 May 1949 D
Captain Byron Charlap	Ophthalmologist	25 Nov 1947	10 June 1949 D
John H. Finley, M.D.	Ophthalmologist	9 Sep 1949	-
Captain Lennox G. Cox	Otorhinolaryngologist	8 Mar 1949	15 Sep 1949 D
Lennox G. Cox, M.D.	Otorhinolaryngologist	10 Oct 1949	-
Captain Martha Hagar	Chief, Physical Therapy	15 Oct 1948	-

f. Statistics. Following are statistics for previous years:

	1947	1948	1949
(1) Number of admissions to the service	3026	2552	2218
(2) Number of major operations	171	137	126
(3) Number of minor operations	666	432	788
Proctoscopic Examinations			25
Urologic Examinations			6
(4) Number of patients operated	649	515	1015
(5) Number of operations	838	969	1109

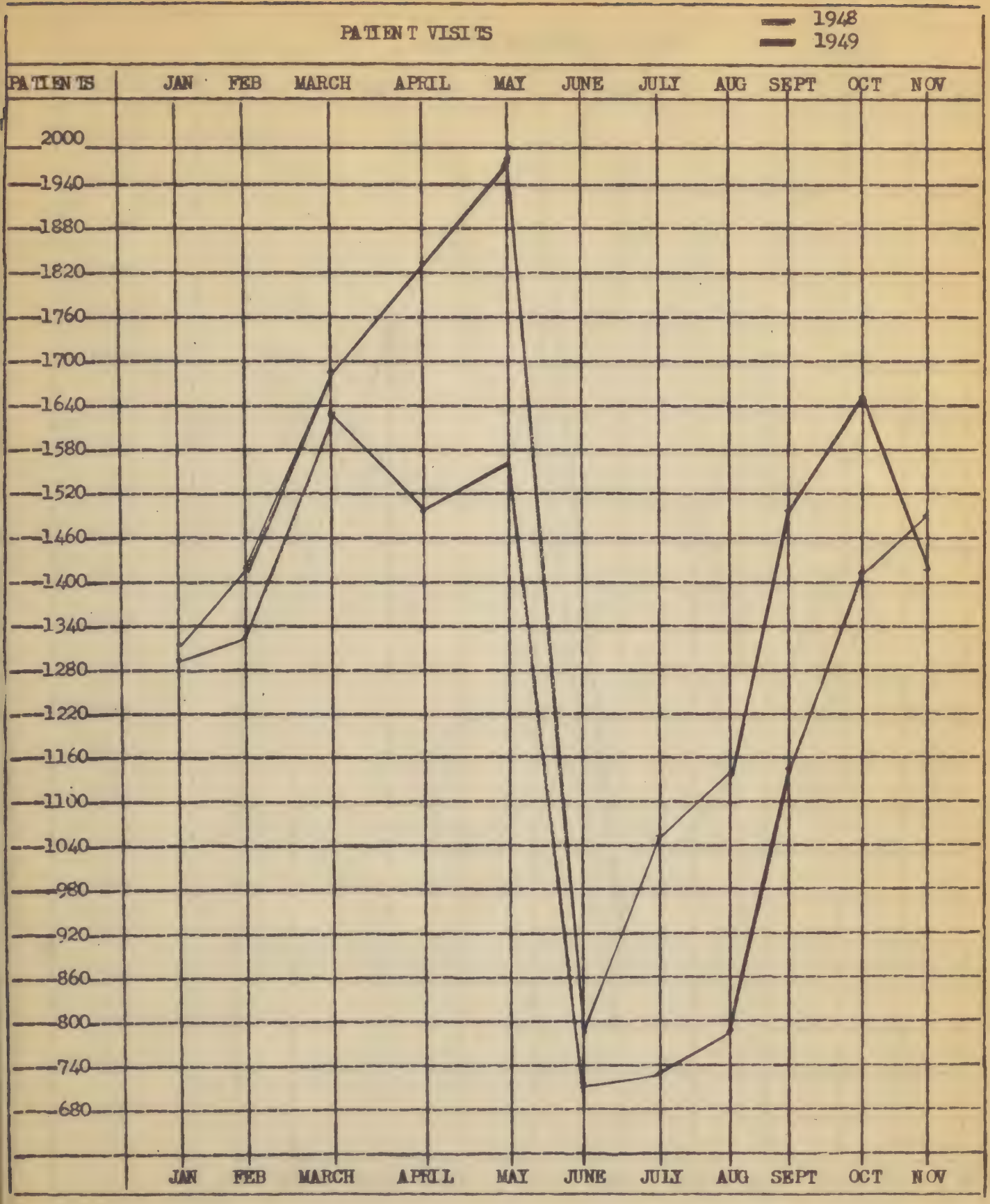
	Cantonment 1947	1948	1949
(6) Number of Case Room Procedures, including closed reductions for fractures.	170	342	440
(7) Number of deliveries.	369	332	388
Number of babies.	375	347	395
(8) Number of anesthesia.		1063	1243
(9) Number of Military Outpatients treated.		1720	1864
Number of Military Outpatient treatments.		2000	1973
(10) Number of Civilian Outpatients treated*		1031	696
Number of Civilian Outpatient treatments*		1031	1050
(11) Consultations - inpatient		309	330
Consultations - outpatient.		446	473

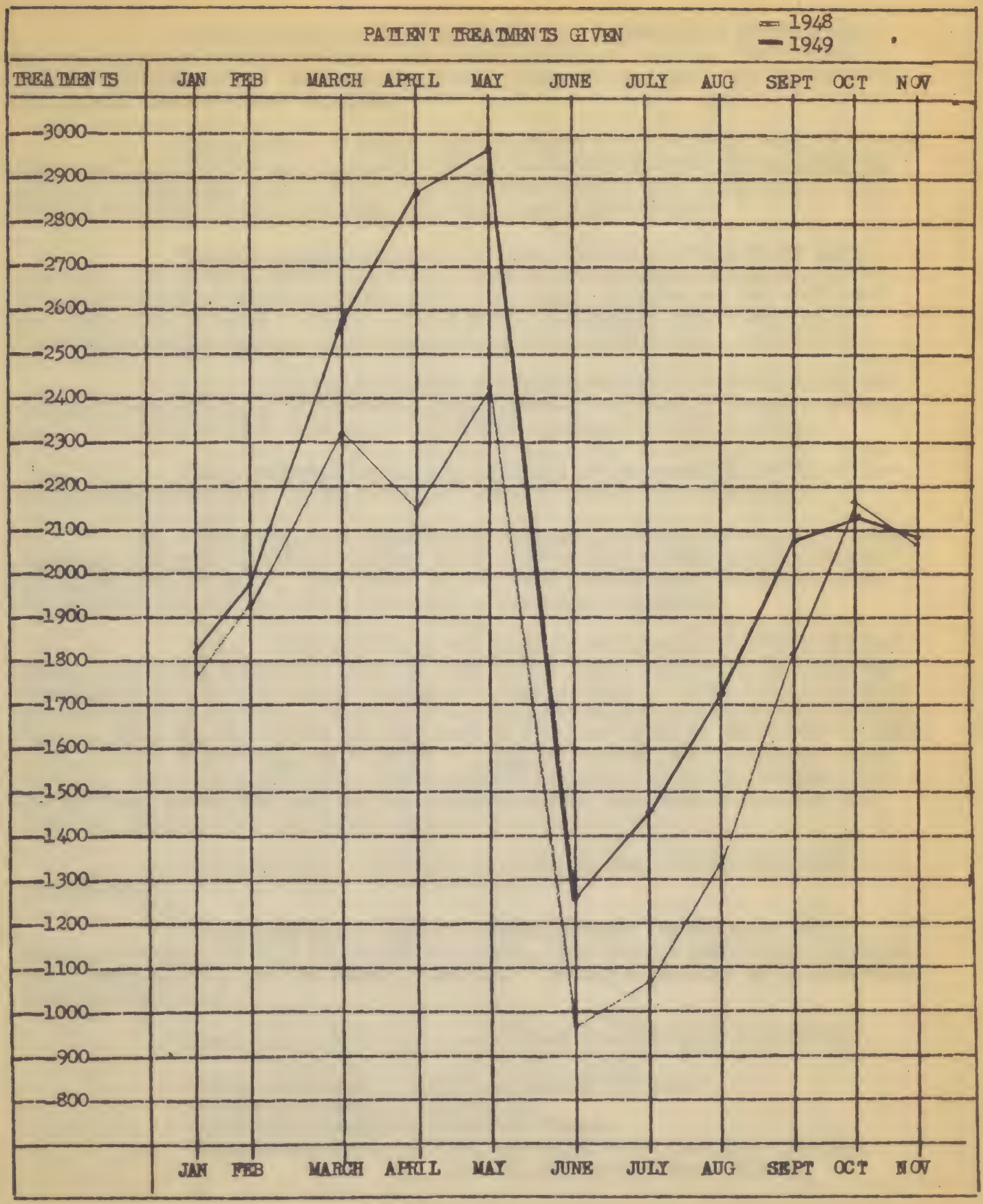
A significant decrease is indicated by the comparison of figures for 1949 with those of 1948. With the increased facilities and assigned personnel in the Outpatient and Dispensary Service, the policy has been established of screening patients and making appointments for consultations with members of the Surgical Service only where strongly indicated. Also, some of the figures obtained for the year 1948 were based on estimates, and may have been high; figures from 1949 are taken from recorded data.

f. General Surgery Section has continued to be a very active division. Surgery during the year has included thyroid, stomach (gastric resection); hernias, inguinal, male and female; epigastric and umbilical; intestinal obstruction, small bowel, strangulation and mechanical; appendicitis (It has been an interesting observation that there have been fewer cases of acute appendicitis during the past year. This was especially noted among Fourth Class Cadets. Normally, there is a sharp rise in the incidence of appendicitis during the summer months among the new cadets, not seen this year.); pilonidal cysts and sinuses (The results in this category have been very gratifying. Primary healing has been obtained in the vast majority of cases, and no one has been hospitalized over two months because of secondary healing. There has been one recurrence during the past 18 months; during the past 12 months there has not been a case of perforated peptic ulcer, in contrast to the previous period when there were three.); gall bladder (cholelithiasis); one case of incarcerated hernia, inguinal, in an infant six weeks old was observed, successful operative reduction was obtained.

h. Orthopedic Section. As in previous years, most cases treated in the Orthopedic Section were the results of trauma, and the majority of hospital admissions were cadets. This is due to the energetic cadet athletic program, especially in body contact sports.

The more common injuries include sprains of the ankle and knee, and the most common fractures are those of the external malleolus of the fibula and of the hand, wrist and forearm. There were a number of interesting dislocations, including one of the carpus, one of the talus, one of the patella, one of the head at the subtalaid joint and two of the hip. The most common dislocation was that of the shoulder. Several instructive compound injuries presented themselves during the year. Included among these were injuries of the hand with bone, nerve and tendon involvement, and compound fractures of the forearm, humerus, and tibia. There was one case of partial disarticulation at the knee joint which offered an exercise in reconstruction.


PATIENT VISITS
1948
1949
PATIENTS
JAN
FEB
MARCH
APRIL
MAY
JUNE
JULY
AUG
SEPT
OCT
NOV
2000
1940
1880
1820
1760
1700
1640
1580
1520
1460
1400
1340
1280
1220
1160
1100
1040
980
920
860
800
740
680


PATIENT TREATMENTS GIVEN
1948
1949
TREATMENTS
JAN
FEB
MARCH
APRIL
MAY
JUNE
JULY
AUG
SEPT
OCT
NOV
3000
2900
2800
2700
2600
2500
2400
2300
2200
2100
2000
1900
1800
1700
1600
1500
1400
1300
1200
1100
1000
900
800

Primary repair of several tendons was successfully carried out in nine cases, using for the most part Bunnell's method of repair. These tendon lacerations occurred in the fingers and hand, save for one divided patellar tendon and one several tendo achillis.

The practice of taking roentgenograms with the ankle held in forced inversion in all cases of suspected sprain of the antero lateral ligaments of the ankle was continued. Seven previously diagnosed sprains were found to have rupture of the talo fibular ligaments and were treated accordingly.

Nineteen arthrotomies of the knee joint with meniscectomy were performed. In eighteen cases there was a tear of the medial meniscus; in two cases tear of the lateral meniscus, and in one case, meniscectomy was performed for cyst of the lateral meniscus. There were, in addition, four cases which received operative treatment for osteochondritis dissecans of the knee joint.

Other operative procedures performed during the year included two cases of open reduction of fractures, three cases of excision of osteoma, one repair of luxated muscle, and one Bimalo operation on the shoulder.

Minor orthopedic problems continued to be cared for in the orthopedic outpatient clinic, which handles an average of 120 visits monthly.

5. Obstetrical and Gynecological Section. There have been six nurses regularly assigned to the Obstetrical Ward, four on duty during the day, one at night, and one off duty. The nurses on duty take care of both the mothers and the nursery, as well as attend laboring patients and deliveries.

Captain Willis E. Evans was Chief of Obstetrical and Gynecological Section until his separation from the Army in May 1949. Captain C. H. Jones was transferred to this station and assigned to this section in April 1949, replacing Captain Evans in May 1949, as Chief of the Obstetrical and Gynecological Section. Captain Jones was discharged from the Army in December 1949, at which time Captain E. F. HARRELL temporarily was assigned as Chief of Obstetrical and Gynecological Section. Since 1 August 1949, Captain HARRELL has taken night obstetrical call two or three nights per week and has assisted in the pre-natal clinic when the number of patients for the clinic exceeded 45 per afternoon.

There are four enlisted WACs regularly assigned to ward duty on Ward 30.

There have been a total of 302 deliveries for the year 1949, making an average of 25.2 deliveries per month. The highest number of deliveries for a month was 30, and the lowest number 20. This is a decrease of 16 deliveries over the 1948 total.

The Outpatient Clinic operates four days per week as follows:

Monday afternoons - Post partum and pre-natal
Tuesday afternoons - Gynecology
Wednesday afternoons - Pre-natal Clinic
Thursday mornings - First pre-natal visit (complete physical and laboratory work accomplished)

During the past year the outpatients have averaged about 45 prosthetal visits, 25 gynecology and 7 post-partum weekly.

There have not been any radical changes in the routine of treatment in this department and results have been exceptionally good.

Pentothal and ether in the Waddle Flask anesthetic, combined with demerol and atropine, have been used in 45% of the deliveries. This type of anesthesia has proven very successful in all cases.

No complications such as intestinal epidemics have been noted in the nursery. Five new incubator type cribs and two bassinets have been added to these 50.

Probably the most interesting case of the year in obstetrics was the birth of an Rh-positive infant with an insoluble replacement transfusion, and up to the present date, baby is apparently normal. In the Gynecology Clinic, one case of early CA of the cervix was diagnosed.

5. Eye Section. A clinic is maintained for outpatient treatment of eye disease and difficulty of visual acuity. The Eye Clinic staff consists of one medical officer and one civilian technician. Captain Byron Charley was separated from the service on 20 June 1945. There was no replacement until John Finley, M.D., accepted this position on 9 September 1945, in a civilian capacity. During the interim, many military patients were referred to First Army General Dispensary.

The following is a record of outpatient visits and treatments:

Military patients treated	1060
Military patient treatments	1275
Civilian patients treated	97
Civilian patient treatments	496

Among the interesting cases seen during the year were: a head with carcinoma of eyelid, uveitis, iritis, keratitis. The major portion of the work consisted of refractions. It was necessary during the year to obtain the services of two additional ophthalmologists for periods of two weeks and ten weeks, respectively, to provide sufficient coverage of refractive work.

Equipment obtained for the Eye Clinic during the past year consists of the following items:

5 stainless steel stools
20 stainless steel technical reception room chairs
1 stainless steel reception desk and counter
2 stainless steel instrument tables
1 stainless steel bedside table
1 typewriter desk
1 floor rug
venetian blinds

During the year all cadets were examined in the Eye Clinic. These Flight Class Cadets who had applied for the Air Force, Cadet Candidates and other cadets having visual disturbances, were refracted.

b. Ear, Nose and Throat Section. An Ear, Nose and Throat Clinic is maintained for the treatment of outpatients and ambulatory ward patients. Personnel consists of one medical officer, 1LT Hill, one enlisted technician, SSG Ash, and one enlisted nurse of WAC, SGT Ash. On 16 September 1949, Captain Thomas H. Orr, MC, was separated from the service, and on 26 October he returned as a U. S. Civil Service employee, in the same capacity as Chief of this section.

Attention is invited to the fact that there has been one addition to the enlisted staff since 1948. Although the number of outpatients varies considerably with the seasons, creating a light "workload" during the summer months, experience during the latter half of the year has proven the value of two audiotechs. A concrete example may be cited in the increased number of operations made possible by the addition of two sound assistant. Also, since the addition of a second assistant, it has been possible to maintain complete and accurate records, whereas prior to the addition this was virtually impossible. It is, therefore, recommended that this clinic never be staffed with less than two audiotechs.

Attention is further invited to the fact that the maintenance of all records of a central file desk has added considerably to the amount of time the technician has available for technical assistance. This change has increased significantly the efficiency of this clinic.

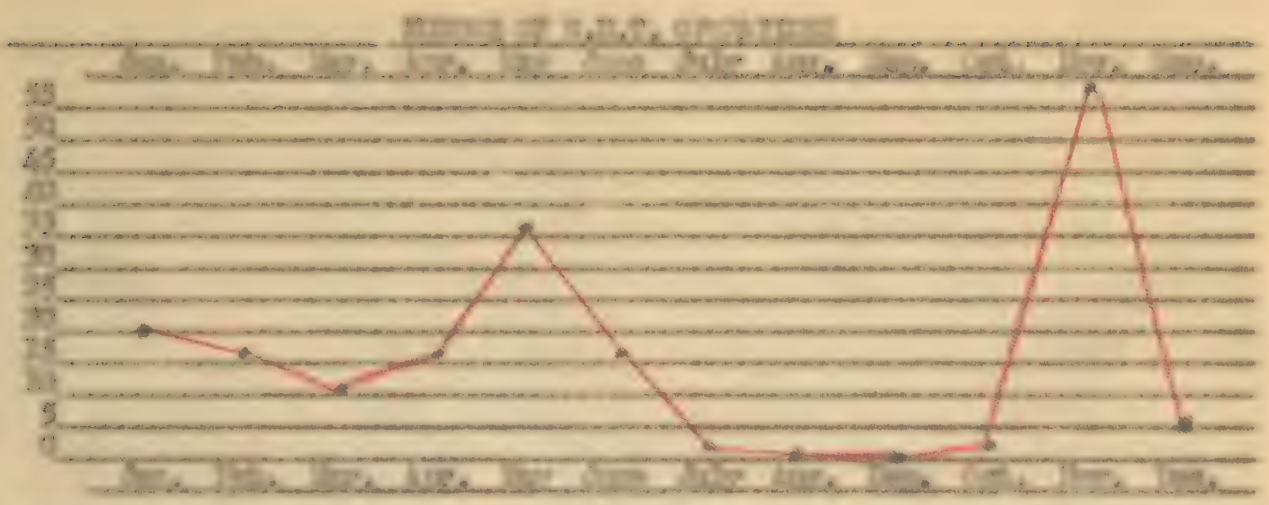
The following is a record of outpatient visits and treatments:

Military patients treated	1623
Military patient treatments	2094
Civilian patients treated	535
Civilian patient treatments	1308

The following is a record of ENT operations:

Tonsillectomies and Adenoidectomies	145
Tonsillectomies	40
Adenoidectomies	4
Nasal Biopsies	2
Paracenteses	2
Removal of foreign body from nose	1
Removals of salivary calculus	4
Infection of inferior turbinate	1
Anesthesia and intubation for bronchography	4

Among the interesting cases seen during the year were a chole-steatoma, several salivary calculi, traumatic perforation of eardrum treated, in addition to all varieties of sinus infections.



The months of January, February, March and April represent about the average number of operations possible, considering the heavy snowfall and freezing of the reservoir. The months of June through October represent the period of maximum and optimum of potabilability therefore, neither of these months indicates a maximum of operations. The small number of operations in December was due to a high incidence of upper respiratory diseases, as well as to Christmas holidays. It can be seen that the number of operations during the months of May and November, after the completion of a normal overhaul, was increased considerably over the previous number of operations performed during the months in which the plants had not undergone it. It is felt that this, alone, justifies the presence of two engineers in the U.S.A.F. Clinic.

Additional equipment obtained for the U.S.A.F. Clinic during the past year consists of the following items:

2 stainless steel stools
1 stainless steel bedside table
2 stainless steel instrument tables
7 stainless steel examining room chairs
1 stainless steel combined reception room sofa, waiting stools

1. Physical Therapy Section. The Physical Therapy Section of the Station Hospital, USAH, is a sub-section of the Surgical Service, located on the ground floor of the hospital annex. The physical plant approximates 2400 square feet, and contains the following equipment:

Inductoe lamps - 3 large - 1 small
Ketogs - 3 portable
Whirlpools - 2 arm, 2 leg
Diathermy (short wave) - 2
Ultra violet lamps - 2 air cooled, 1 artificial
Galvanic, Sinusoidal, Faradic Machine - 1
Diversified metallic unit - 1

Therapeutic exercise equipment:

1 shoulder wheel
1 wrist roll
1 grip machine
1 set pulleys
2 ankle exercisers
1 bicycle
1 set of steel bars
2 sets of weights
1 finger ladder
1 wrist chronometer
2 triple stoves
2 high resistive exercise tables
8 plinths

The mission of this section is to treat injury or disease through the media of heat, light, water, electricity, and exercise, for the purpose of restoring disabled individuals to regain their normal capacities.

The T/O for the hospital authorizes the Physical Therapy Section one physical therapist, one civilian technician, one enlisted man, and one enlisted woman. However, from 1 January to 7 February 1940, the section operated with a staff of three. On 7 February, a non-trained WAC enlisted woman was assigned to permanent duty. An enlisted man from Stewart AFB was assigned for 30 days' TDY to receive on-the-job training. On 26 April, a non-trained enlisted man was assigned permanent duty to replace the enlisted man already assigned, separated from the service in May.

The medical officers on duty at sick call, in clinics, or on wards, submit to this section "Request for Physical Therapy," AG AO Form 6-42, for various types of treatment desired for a particular diagnosis. Upon receipt of such request, the Physical Therapist interviews the patient to obtain a history of present and previous injury, and records the patient's limitations upon reference to the section. During the course of treatment, a record is maintained of the patient's progress, and when the Physical Therapist is of the opinion that the patient has received maximum benefit from treatment, he is referred to the medical officer for reevaluation. Throughout the year the section has strived for a closer working relationship with the medical and surgical officers.

All patients being their outpatient records upon initial visit to this section. Thereafter, only nurses take their records daily. An order of treatment is made upon the initial visit, as well as that of diagnosis; thereafter, the dates of treatment are entered. Following completion of treatment, all clinical records are filed in outpatient record envelope.

From 1 January through November 1940, a total of 1,490 new patients were treated. Of these, 695 were males, 385 Army, 125 dependents and 31 were a combination of civilian employee, retired Army, Air Force and Navy. The most frequent cause for treatment among males was athletics; football, wrestling, soccer and in order ranking highest, respectively.

Necessity for outpatient treatment due to athletics and other causes, according to frequency of occurrence, were:

Athletics		Other
Sprain	Sprain	Dislocation
Sinusitis	Strain	Poliomyelitis
Contusion	Acne	Hypertrophic
Fracture	Nasopharyngitis	Cerebral vascularitis
Hypertrophic	Sinusitis	Neuritis
Hematoma	Otitis media	Osteoid osteoma
Dislocation	Arthralgia	Tendon repair
Joint Derangement	Myositis	Joint derangement
Synovitis	Fracture	Arthralgia
Cellulitis	Dermatitis	Pilonidal cyst
Neuritis	Common Cold	Arthralgia
	Injury	Polio (old)
	Synovitis	Otitis
	Pes Planus	Bullae Palma
	Bursitis	Herniated disc (M)
	Hematoma	P.O. Hernia
		Orbital Cysticus

Cause of treatment to Army personnel, according to frequency of occurrence:

Strain	Sinusitis	Dermatitis
Sprain	Nasopharyngitis	Arthritis
Contusion	Fracture	Bronchitis
Hypertrophic	Common Cold	Pes Planus
		Laceration

Cause of treatment to civilians, according to frequency of occurrence:

Dependents	Retired Army	Civilian Employees
Strain	Strain	Strain
Sinusitis	Arthritis	Sprain
Fracture	Polio (old)	Contusion
Febrile infection and inflammation	Bursitis	Fracture
Hypertrophic		Hypertrophic
Sprain		Hematoma
Nasopharyngitis		
Dermatitis		
Acne		
Supra orbitous tonsilitis		
Common Cold		

The procedures most frequently used in treatment were thermotherapy, hydrotherapy and exercise.

A total of 15,772 patients visited this section from 1 January through December 1949, and 28,936 treatments were administered - 2,121 more patients and 2,962 more treatments than the previous year. The average number of patients per day was 63, with 91 treatments. Causes for increased patient and treatment load is undetermined. The patient and work load for 1948 and 1949 are shown on the following graphs, which also indicate the uneven distribution of work load through the years.

The various procedures employed in treatment for 1945 and the number of treatments received, according to classification of patients, were as follows:

Procedure	Ambulatory Adm	Ambulatory Disp.	Ambulatory W	Bedridden Adm	Bedridden Disp.	Bedridden W	Totals
Electrotherapy	2571	2376	2 3	484	100	-	3256
Thermotherapy	2374	1977	- -	700	270	1	3310
Hydrotherapy	2602	623	23 -	1433	34	18	4731
Massage	907	420	- -	326	-	68	1401
Ultra Violet	2930	515	- -	277	34	-	3156
Corrective	1233	1333	- -	1496	340	7	4210
Total	12737	6851	25 3	4636	589	126	25,797

During the year 1945, the section remained open from 1000 to 2000 hours, four days per week, to treat enlisted injured during intramural athletics. This exhibited a manpower shortage during the busiest portion of the day, but the service was discontinued this year. Athletic injuries were treated in the Outpatient Department and sent to Physical Therapy the following day, if further treatment of this type was deemed necessary.

The Physical Therapy Section has worked under pressure for almost the entire year. Two of the staff of four were receiving on-the-job training during February, March, April, and May, when the patient load was at its peak. During the summer months, when the work load decreased, two of the staff assisted with physical examinations of enlisted men were detailed to extra duty in the hospital. From 30 July through 20 November 1945, the section operated with a staff of three, as the enlisted WAC attended the Physical Therapy Technicians School, Brooke Army Medical Center. During the period mentioned, the enlisted man was detailed to emergency and ambulance duty, and attended her classes. However, throughout the year, every effort was made to maintain the excellent quality of work and a good patient relationship.

20. Medical Service.

a. General. The Medical Service of this hospital is responsible for the hospital care of enlisted, enlisted personnel, officers and civilian dependents of military personnel with "medical" and neuropsychiatric diseases. These three categories of patients are admitted to Wards 20, 30 and 60, respectively, and Ward 40 is used as an isolation ward.

The functions of the Medical Service include electroencephalography and outpatient consultations for patients with medical or neuropsychiatric disorders, who are referred by other medical officers at Camp Polk, Leesville Field, and small stations near Camp Polk. Medical problems involving military personnel, as well as applicants for entrance to the U. S. Military Academy, or for enlistment, are evaluated.

Administrative responsibilities are not great on the Medical Service. Although enlisted men can be separated from the service after they appear before a local disposition board, during 1949 a change in legislation resulted in cessation of local separation of enlisted men; therefore, the P.H.S. Board was disbanded.

Diseases of enlisted of the Military Service present many unique problems, and therefore, decisions of the utmost importance for a soldier's, and the Army's, future are made. An internist who has also had certain medical experience is best qualified to make such decisions.

Patients on the Naval National Ward usually have internal illnesses. Upper respiratory diseases and acute, mild gastrointestinal diseases constitute the great majority of diseases encountered. The officer in charge of this ward should be a board-qualified internist and an exceptionally good officer, because his dealings with patients must conform to the high standards set by the Medical Department of the U. S. Military Academy.

The Enlisted Men's National Ward usually has about 15 to 20 patients. The nature of diseases seen here is greater than one would expect because many elderly enlisted men are on duty at West Point or have retired to live in the vicinity. The degenerative diseases of later life are frequently represented on this ward. The officer in charge of the ward may be either a board-qualified internist or an officer with no specialized training. He is in charge, also, of the Venereal Disease Section, and at times, of Enlisted Men's Sick Call.

The Officers' and Families' National ward is small, but it has contained a great proportion of patients with intoxication, emotional, and often serious diseases. A qualified internist must either be in direct charge of this ward, or must exercise close supervision over it. Many officers on the post have elderly dependents; and in the vicinity live many retired personnel, so the degenerative diseases are frequently represented. "Medical diseases" in children are treated on this ward, except for those cases which require isolation. A qualified internist, however, has no trouble in dealing with such cases; and when infants constitute problems, the civilian consultant in pediatrics is called upon for assistance.

The Neuropsychiatric Section is extremely important at West Point. Cadet life is so different from the pre-Academy life of the average high school graduate or collegian that the attendant psychic strain brings to the fore many psychoneuroses and situational maladjustments. In addition, the responsibility of "making good" is too great for some cadets, and they develop psychic or psychosomatic disorders. The psychiatrist at West Point is tested with cases of mild or moderate psychoneuroses among the early entered class of cadets, and with a lesser number of cases among the upper classmen. He is the psychiatric consultant for this post and for Stewart Field as well. He, therefore, must make many examinations and reports concerning enlisted men. Stewart Field, with the personnel problems peculiar to the Air Force, frequently requests the aid of the neuropsychiatrist in eliminating undesirables. Psychiatric illnesses of officers and their dependents constitute a minor phase of the psychiatrist's work. It is thus of paramount importance, and this cannot be overemphasized, that the neuropsychiatrist at West Point be not only a well qualified psychiatrist, but also a well-balanced man. It is not essential that he

have combat experience insofar as his decisions and opinions are subject to review by the Chief of Medical Service.

Bed capacities of the wards and sections of the Medical Service are as follows:

Cadet Medical Ward	42
Enlisted Men's Medical Ward	23
Isolation Ward	12
Officers' and Females' Medical Ward	16
Neuropsychiatric Section	4
Total	297

b. Personnel.

The medical officer personnel of this Service consists of one Chief, certified by the American Board of Internal Medicine, who has the rank of Lt. Colonel, and three assistants. During this year one officer of company grade was in charge of the Cadet Medical Ward, another in charge of the Enlisted Men's Medical Ward, and a third was engaged exclusively in Neuropsychiatry. The last named was separated from the service on 1 July 1949, and since then neuropsychiatric problems have been handled by the civilian consultant (visiting once weekly, for approximately three and one-half hours, to interview four patients each visit). In addition, routine problems are handled by the officer in charge of the Enlisted Men's Ward.

The roster of officers on duty with the Medical Service during 1949 follows:

Chief of Service	- Lt. Colonel R. J. Haviland
Officers in Charge of Cadet Medical Ward, Isolation Ward, and Oxygen Equipment	- Capt. G. D. Wilson, III (Separated 9 July 1949) and 1st Lt. F. E. Ayers (Assigned 1 July 1949)
Officers in Charge of Enlisted Men's Medical Ward and Venereal Disease Section	- Capt. J. F. Loyd (Relieved 5 June 1949) and Capt. A. W. Dotts (Assigned 12 August 1949)
Neuropsychiatrist	- Capt. Harold Hoth (Separated 1 July 1949)
Assistant to Chief of Service	- 1st Lt. H. H. C. Conrad (Assigned 27 August 1949)

Consultants whose services are utilized by the Medical Service are:

Dr. Meriden Cawthorne, Consultant in Internal Medicine
Dr. Frederick H. Thomas, Consultant in Neuropsychiatry
Dr. William W. Huber, Consultant in Dermatology

Bureau, enlisted men and enlisted women assigned to the United Service varied during the year and cannot be adequately reported in this section of the report. Subsequent reports by the Chief Nurse and the Superintendent Corpsmembers will reflect their respective personnel distributions. Civilian personnel assigned to the Service consisted of one secretary, who also acted as electrocardiography technician. In general, the number of enlisted men assigned to the Outer Medical Ward and the Isolation Ward was inadequate for preservation of ideal physical conditions, but nurse coverage was better than in previous years.

c. Statistical Data.

Medical Service admissions for 1949 were as follows:

	MILITARY (Army)	AIR FORCE	CIVILIAN	TOTAL
Ward 10	291	5	11	307
Wards 30 and 40	711	0	23	734
Ward 60	61	0	180	241
	1063	5	214	1282

Outpatients seen during the year numbered 640. Electrocardiograms taken during 1949 numbered 1,996.

d. Clinical Research During 1949.

(1) Results of the year's research involving the investigation of the efficacy of poison ivy extract in preventing Rhus dermatitis were compiled, analyzed and submitted for publication in 1949. (Article will appear in "the New England Journal of Medicine.")

(2) Last year's investigation of the efficacy of para-aminobenzoic acid in rheumatic fever was prepared for publication this year, and will be published in "The Journal of the American Medical Association."

(3) A study of the treatment of Rhus dermatitis was conducted during the summer, and the results will be published in the "Armed Forces Medical Journal."

(4) A controlled investigation into the efficacy of antihistaminics in the abortion of the common cold was begun and completed during the year. The manuscript of this article has recently been submitted to "The Journal of the American Medical Association" for publication.

(5) An investigation of the value of aureomycin in the treatment of acute pneumoniosis was begun. Every other patient with this disease will be treated with aureomycin. This series is at present too small for publication. (Approximately $500.00 worth of aureomycin was donated by the Lederle Laboratories).

(6) Clinical research of the value of skin testing in the diagnosis of mumps was completed during the year, and will soon be submitted for publication.

(7) Inasmuch as electrocardiographic abnormalities with uncertain significance are sometimes seen when officers are given annual physical examinations or when they have diseases which are being investigated, it was decided to take electrocardiograms on the entire Corps of Cadets. The purpose of this project is to give each cadet a copy of his electrocardiogram to retain as he would his examination. Then, in the future, if questions arise pertaining to electrocardiographic changes, the investigating medical officers will have available as a basis of comparison the electrocardiogram taken when the patient was a healthy young man. It is planned to take records of one class each year.

c. Training.

The training program instituted last year has continued. Two to three clinical programs are conducted weekly; grand rounds take place every Saturday morning; and once each month the civilian consultant in internal medicine visits and delivered a lecture to the entire medical staff. Monthly reviews of electrocardiography are conducted, and during the first half of the year, weekly Clinical Pathological Conferences were held.

f. Unusual Cases and Unusual Incidence of Disease.

During the year several patients with unusual diseases were admitted to the Medical Service. Among the outstanding was a case of acute leukemia in a twenty-eight year old woman. With the help of advice from Dr. Joseph Berkson, head of the Biometrology Section of Mayo Clinic, Rochester, Minnesota, and with isotope supplied by the Lederle Laboratories, this patient's life was extended for seven months; she died, not of leukemia, but of hemorrhage and bronchopneumonia. Another unusual case was diabetes insipidus developing in a soldier after a skull fracture, successfully treated with pituitrin intranasally.

As usual, many serious degenerative diseases of later life were encountered besides the benign diseases common among cadets. Six cadet patients of the Medical Service died during the year.

There was less acute gastroenteritis among cadets than during previous years. However, for the first time in four years, sporadic cases occurred among the Corps - nine cases developed between October and December. In addition, there was an unusual incidence of mumps among the Corps of Cadets, without noteworthy complications.

g. Oxygen and Resuscitation Apparatus.

There was only moderate use of oxygen and resuscitation services in 1949, which is less than average for the past four years. Oxygen equipment at present consists of four large tanks, oxygenaid tents (Views require no tag, one does. One Emerson "Iron Lung", one "Save-a-Life" portable respirator and one aerosol attachment are also available. Of the last three items, only the aerosol attachment was used during the year, for the vaporization of penicillin in upper respiratory tract infections. There are six tanks of oxygen, one of helium-oxygen mixture, several face masks, one nasal mask, several nasal catheters, extra valves and four carts (for moving oxygen tanks).

Two innovations were:

(1) The oxygen equipment was removed from the patient officer at the day room and placed in a separate room, where it is always available.

(2) It was found that the wards were receiving minor defects of apparatus (e.g., patching leaking tents with adhesive, and loosening defective valves). An instruction sheet was sent to each ward stating that all complaints were to be directed through the Oxygen Equipment Officer. This has resulted in better maintenance and more expeditious correction of defects. The Oxygen Officer also has familiarized himself with Andrus's "Manual of Oxygen Therapy Technique."

Two instruction periods were conducted for the enlisted ward personnel in the use of the Emerson respirator. In August, the Chief of Medical Service, the Chief Medical Ward Officer, one nurse, and four enlisted persons visited St. Luke's Hospital in Saranac, New York, for a demonstration of the use of the Emerson apparatus. This trip proved to be of benefit, although, fortunately, the equipment was not used this year. Monthly refresher demonstrations were conducted at this hospital for enlisted personnel.

A monthly inspection by the Oxygen Officer and the Technician serves to keep the equipment in reasonably good condition. The facilities of the oxygen service are available for emergency use at all times.

h. Comments.

The year 1949 saw many physical improvements of the Medical Service, as well as of the hospital as a whole. All the wards and the Service offices were improved. The morale and quality of the officers assigned to the Medical Service were entirely satisfactory. The loss of the neuropsychiatrist at midyear did not prove a great hardship, inasmuch as arrangements were made for weekly visits by the Civilian Consultant in Neuropsychiatry. However, establishing ~~liaison~~ of hypodermics and other details did add to the duties of the Medical Service personnel.

The professional care of patients on the Medical Service continued to be of the highest caliber. More clinical research was conducted during the year than heretofore, and this required more work by all members of this service. In general, there was a decrease of epidemic and non-epidemic illnesses among enlisted. The sporadic outbreaks of acute gastroenteritis, which have occurred approximately every nine months during the past four years, decreased markedly during 1949.

20. Dental Service.

a. History.

The objective of the Dental Service at the U. S. Military Academy is to maintain the dental health of the Corps of Cadets, officers, and enlisted personnel assigned for duty. The Dental Service is also required to provide emergency treatment for dependents of the command.

Although the Dental Corps comprises approximately fifty-one per cent of the total military personnel on the post, it has been estimated that approximately eighty-five per cent of the dental officer's duty-time is devoted to the cadets during the academic year. The dental survey of the Corps of Cadets is executed in September, enlisted personnel at the close of the Academic Year, and officers at the time of their physical examinations. Post school children are examined at the time of their physical examinations.

Inasmuch as the cadets are potential officers and undergoing many years of military service, every effort is made to provide them, and preserve at the U. S. Military Academy, with the highest and latest types of dental treatment. With this policy in mind, the officers are encouraged to attend clinics and special courses whenever possible. This, in itself, increases the burden on the dental service, for it is frequently times the services of officers requiring this training for periods from a few days to several months.

Topical application of sodium fluoride to teeth of dependent school-age children of officers and enlisted personnel, as instituted last year, was again carried out as a preventative measure.

b. Services of the Dental Clinic are divided into the following sections:

(1) Dental Surgeon
(2) Prosthetics, emergency and appointment
(3) Oral Surgery
(4) Operative
(5) Prosthetic
(6) Orthodontic
(7) Oral Hygiene
(8) X-ray

c. Dental Clinic.

Although the present clinic was completed in 1923, no provisions were made for expansion. Previous needs were met by converting an officers' waiting room into a two-chair operating room, and adding a dental ball to the laboratory to provide additional floor space.

Utilizing the officers' waiting room for an operating room has resulted in an inadequate waiting room shared by officers, cadets, enlisted and dependent patients. The waiting room, record office and office of the Dental Surgeon have no outside light or ventilation. Request for installation of sky light to provide these facilities was disapproved, due to lack of available funds. Inasmuch as the clinic is situated on the fourth floor, directly under a flat roof, summer heat frequently becomes excessive. Improved ventilation or an air conditioning system is most desirable.

d. Equipment.

In general, the clinic is well equipped, but due to the fact that units were supplied from surplus stocks, wide variations in dental centers exist. As present units are being replaced with surplus stocks within the same center, so that only one stock of replacement parts will need to be kept on hand.

Although contract was made in 1948, installation of a cephalostat and hole holder was accomplished during 1949. Theoretical casting and centrifugal investing machines have been installed in the laboratory; however, insufficient voltage has prevented use of the theoretical casting machine. Contractors are working the laboratory at the present time; this additional electric power has been greatly needed for some time. Sufficient power and outlets will be much appreciated.

The method of sterilization, in oral surgery, has been converted from cold to boiling, by the installation of a large electric sterilizer.

Three-type desks, constructed of rust-resistant metal, have been installed in all offices, replacing the old white enamel desks which have been in service many years and in poor condition.

A rust-resistant work table, replacing one of wood, has been installed in the office of the prosthodontist.

A water cooler has been installed in the x-ray section to cool wash-water, developer and fixer, thereby allowing maintenance of 65° temperature. This temperature technique can now be practiced, in film developing, the entire year.

Vacation visits have been installed throughout the dental service of the hospital.

c. Personnel.

A decrease in authorized personnel resulted from a visit by the Surgeons Board. Previously authorized strength had been eleven dental officers, thirteen enlisted personnel and four civilians. The recommendation of the Surgeons Board representative, based on the opinion that "correction of malocclusion is unnecessary in adults, but desirable in girls," and that it is "not particularly desirable or necessary to have dental work completed for the graduating class, as they could have their work accomplished at their next station," resulted in a decrease of two dental officers and three enlisted personnel.

Total present authorized strength of the clinic is 23. A study of the monthly reports reveals that this section was consistently below authorized strength. The shortage occurred in both officer and enlisted personnel. The enlisted personnel were changed largely from male to WAC assistants. It was deemed advisable to retain two male personnel and utilize the enlisted women as chair assistants.

This change has resulted in some improvements and many complications; there is still much to be desired. Very noticeable and appreciable improvements resulting from WAC chair assistants are cheerfulness and neatness of the entire clinic. It is hoped and expected that as training progresses, the new enlisted personnel will develop into invaluable assistants. Rapid turnover resulting from marriage and requested transfers have been a definite problem. Replacement of these losses has been extremely slow.

Although handicapped by shortage of personnel, especially enlisted, and at times officers as well, every effort has been made to maintain the highest

standard of professional service. The present staff of officers is excellent; it is felt that some rank with the book in the service. Officers present for duty during the past year were as follows:

Colonel W. J. Harlow, Dental Surgeon,	3373
Lt. Colonel A. H. Hollenbeck	3373
Lt. Colonel T. J. Hayes	3371
Major A. H. Dunbar	3379
Major C. H. Zimmerman	3379
Major J. L. Jordan	3379
Captain H. M. Hahn	3379
Captain L. L. Schreiber	3379
1st Lt. D. K. Corbish	3379

Losses during the year were:

Colonel Robert C. Brown, Dental Surgeon, died 14 February 1960.
1st Lt. R. M. Lentz, 3379 T/S

The death of Colonel Brown was indeed a great loss, both to the Dental Corps and to the personnel of this post. He was a man cordially liked and respected by officers, enlisted personnel, dependents and civilians of neighboring communities. In memory of Colonel Brown, the personnel of the hospital have had a bronze tablet erected in the lobby of the hospital.

Reserve officers on active duty during the year:

Lt. Colonel V. T. Miller, 3379	- 28 days
Major R. L. Ross, 3379	- 15 days

It is believed that the minimum personnel, consistent with provision of adequate treatment of the soldier appropriate for personnel at this post, should be ten officers, twelve enlisted, and four civilians.

f. Work accomplished during the year 1960:

Fillings.	12,262
Restorations.	6,000
Crowns (all types). . . .	40
Inlays.	77
Bridges (all types) . . .	80
Bridges (repaired). . . .	32
Dentures (full)	64
Dentures (partial). . . .	80
Dentures (repaired) . . .	62
Extractions	3,125
Prophylaxis	2,037
X-rays.	4,000
Consultations.	3,125

g. General.

Procurement of supplies and equipment has been excellent. The cooperation of the Medical Supply Officer and his staff has been commendable. Credit is due that department of the hospital for the services which they so willingly rendered. The only suggestion which could be offered is the addition of well-trained service and maintenance personnel to the department.

There has always been full cooperation with all professional and administrative personnel of the hospital. Funds, entertainment, books, journals, personnel, facilities and privileges have always been graciously shared.

11. Roentgenology Service.

a. Station. The station of the Roentgenology Service is to fulfill the diagnostic x-ray requirements of the various divisions of the Naval Hospital, USNH.

b. Personnel.

There has been considerable change in the type of individuals in recent years. Until 1946 there were only enlisted men during that year civilians were added, and in 1947 WAC personnel were employed. Then, the enlisted men have become a standby. The personnel is under the direction of one commissioned officer, Medical Corps, the nurses on Roentgenologist (1950) and Chief of Service. There are six enlisted technicians, three enlisted men and three enlisted women, two of the enlisted men being registered technicians. There are two civilian registered technicians. The enlisted personnel authorized are three enlisted men and two enlisted women, but one WAC technician will be transferred within a few weeks, leaving the department at strength.

Many changes in personnel occurred in 1949. Captain Kenneth L. Watson left on 4 June 1949, and the work of the Roentgenologist was accomplished by the Consultant in Radiology,Dr. Charles R. Reed, until the arrival of Lt. Miller on 1 October. Three enlisted men were transferred from the Roentgenology Service, whereas one formerly in this clinic was returned from Medical Supply Section. Four of the enlisted personnel are trainees received during 1949; their training is under the immediate supervision of a civilian, Chief Technician, and the Roentgenologist officer in charge, but their progress is closely followed and guided by the Roentgenologist.

c. Technical summary of considerations performed by the Roentgenology Service during the calendar year 1949 is as follows:

Chest Cases	5,871
G.I. Series	111
Barium Enemas	37
G.B. Series	47
Cases not listed	3,887
G.U. Cases	100

Fluoroscopic	150
Abdominal	73
Pelvimetries	35
Thymus and Mediastinum	306
Spleen	210
Total Patients	2,888
Total Exposures	35,734
Total In-Patient Exposures	3,774
Total Outpatient Exposures	32,960

Attached are a graphic comparison of the workload with previous years, and an illustration of the transition mobility equipment.

4. The basic equipment at present includes two 300 ma units, both with separate tubes for multigraphy and fluoroscopy, one of the radiographic tubes being of the very superior rotating anode type; a photofluorographic unit; two cassette-changers; two portable units; and 100 ma prolapsophile unit in the operating room; two large stainless steel processing tanks and a modern in-the-wall dryer. The following changes and improvements have been made during 1960:

(1) Two large processing tanks with heat thermo-valve cooling units have been installed. These are a vast improvement over the previous darkroom equipment.

(2) A steel cabinet for one cassette room and a stainless steel cabinet and sink for the other. Several stainless steel stools replaced wooden ones. A new typewriter with large type has been received for reading fluoroscopic films. One of the film boxes has been replaced with a new and improved model. A circulator fan was installed in the fluoroscopic room.

(3) Numerous changes have been made in the diagnostic routines, such as the introduction of the use of 35 hands held in certain cases to obtain better post-evacuation films; the use of pneumpo spot films in gastrointestinal fluoroscopy; the use of the two-meal method of examining the upper gastrointestinal tract, which saves many films and a great deal of time for both the patient and the roentgenologist without loss of accuracy; use of the upright position for the bizarre view of the sinuses routinely, thus allowing the demonstration of fluid levels; substitution of the mush expector pylorus (Steavens) view for the lip view as a routine in routine examinations, and many others.

(4) All except necessary fluoroscopy has been transferred to the afternoon, since it is the only feasible time to do G.I. series by the two-meal method. It has the incidental advantage of leaving the mornings free to interpret the previous day's films and obtain wet readings, the majority of the latter coming from ward calls.

(5) Ultrasound x-ray equipment was discontinued in June 1960, upon the departure of Captain Gibson, but it is planned to renew them in 1961. Dr. Charles D. Neal, formerly in Heidelberg, resumed his monthly visits in October 1960, after performing all work during the summer.

c. The following improvements are recommended:

(1) By far, the most desired addition to the equipment is a four-position spot film device of modern design on a rigid fluoroscopic arm, together with a bucky grid. Such equipment is used in all of the better diagnostic radiology departments, and once used for any period of time, is regarded as indispensable, the sine qua non of high quality gastrointestinal fluoroscopy. The spot film device in present use is almost worthless. It is a make-shift addition to a fluoroscopic arm that was never intended for spot-filming and lacks the necessary rigidity. Also, the present device is counterbalanced only in the upright position, necessitating its removal in the horizontal position, and all changes should be omitted in both positions. Because of its poor functioning and the inconvenience described, the present spot-film device has scarcely been used by the previous roentgenologists, despite the fact that all authorities in the field agree that pressure spot-films greatly enhance the accuracy of the exam.

(2) The filing space, mentioned as a problem in the last annual report, remains inadequate despite the use of the former autopsy house for this purpose. The latter location is both inconvenient and unhealthy, for it is a considerable distance from the X-Ray Department, and can be reached only by leaving the building.

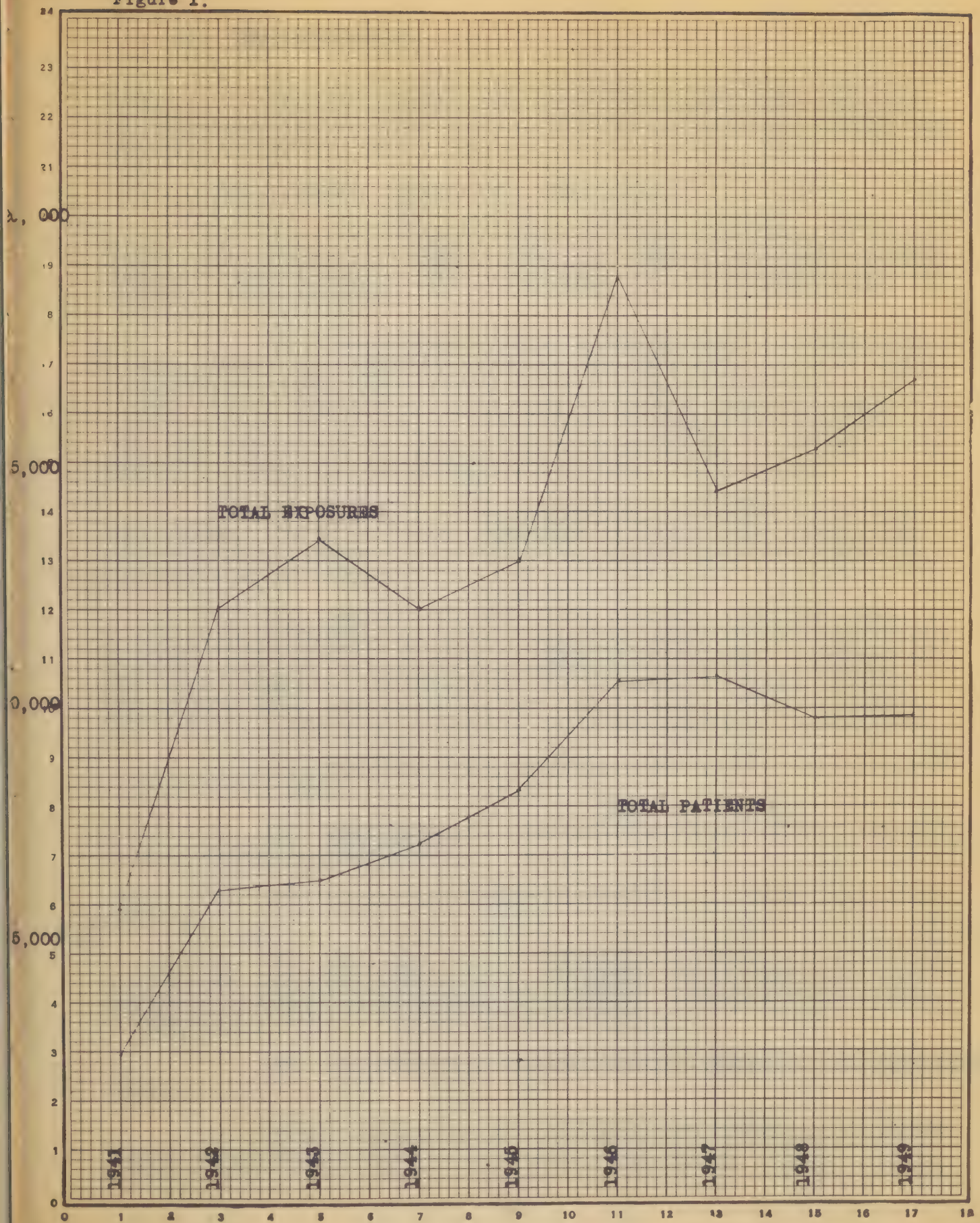
(3) The present circulating fan is inadequate for cooling the fluoroscopy room, which becomes appreciably hot because of the necessity of keeping the window closed during fluoroscopy. The heat is believed to be the winter, but scarcely so in the humid months. Some provision for air-conditioning the room on a part-time basis is recommended. If this cannot be done, there should at least be a larger fan.

(4) A rotating anode radiographic tube would be desirable on the unit used in the fluoroscopy room, as it would improve the quality of the gastrointestinal radiographs. However, this is of secondary importance in comparison with the improvement recommended in paragraph III c (1) above.

(5) Both of the film of all films received by the Consultation Service from National Bicycle during the year was well beyond its expiration date. Even, reportedly the D^{2} x 10^{2} used in photofluorography, was found sufficiently to impair the diagnostic quality. Photofluorography had to be discontinued during the latter part of October and the greater part of November, due to the lack of usable film. This is obviously a deplorable situation, which should be and apparently is being corrected.

(6) It is believed that a teaching collection in the form of lantern slides is much more valuable for most purposes than the films, alone. With this in mind, slides of interesting or instructive cases are being produced in this clinic on a very modest scale.

Figure 1.


TOTAL EXPOSURES
TOTAL PATIENTS
1941
1942
1943
1944
1945
1946
1947
1948
1949

III. Laboratory Service.

a. Mission. The Laboratory Service is a professional division of the hospital so ordered to aid the other hospital departments in the diagnosis and treatment of disease within the medical fields of hematology, bacteriology, mycology, biochemistry, serology and physiology.

b. Personnel, Divisions and Procedures.

(1) Bacteriology and Mycology Section - one technician and one trainee, both civilians. The work in this department is increasing each month, necessitating a full-time technician, performing both the routine work and the training of other personnel.

(2) Biochemistry - one technician, an enlisted non-commissioned officer. Because of shortage of personnel, only blood sugars, icterus index, uric levels, captalin flocculations, van den bergh, bromsulfalein, and CO_2 are done at this hospital. All other tests are sent to First Army Laboratory. However, with the recent increase in personnel, other chemistries starting with blood urea nitrogen will be added to the routine schedule. This laboratory is equipped to perform many of the tests sent to First Army Laboratory.

(3) Hematology - four technicians, one civilian and three enlisted women. This is the busiest department in the laboratory, and with the recent increase in personnel, the work is accomplished with greater efficiency and service has been improved.

(4) Serology - one technician, civilian. Blood typing, Rh factor, captalin flocculation and the Cardiolipin tests are done at the Station Hospital. Agglutinations and other complement-fixation tests are referred to First Army Laboratory. The Cardiolipin test for syphilis replaced the Hahn test in April 1949. The Cardiolipin test ranks first in number, as compared with any other single test performed in this laboratory during the past year.

(5) Urinalysis - five technicians alternate through this department one day per week.

(6) Basal Metabolism - one non-commissioned officer is routinely assigned to this procedure.

(7) Mailing Department - one civilian and one non-commissioned officer.

(8) Night Duty. One non-commissioned officer is on duty during the week from 1630 through 0700 hours. He performs the routine work and the emergencies that arise during those hours. The week-end duty is rotationally assigned to the remaining military personnel.

(9) Administration. Civilian doctor in charge, and non-commissioned officer.

c. Building and Space. The laboratory Service occupies the larger part of the western one-third of the basement floor in the original hospital building No. 600. The department consists of three laboratory work rooms, one

sterilizing room, one morgue, one office, one closet, and one bathroom. It is located adjacent to the [illegible] Station Wire Shelter. Two sinks and several cupboard units located in the basement hallway have been provided for the use of waiting patients. The laboratory work rooms consist of a hematology room, which is fully equipped with stainless steel cabinets and drawers covered with allegheny stone surfaces. Two sinks are built into these wall work-benches. The bacteriology room is equipped much as the hematology room, but with one sink, one refrigerator, one large incubator, and one Kahn water bath. The largest room is the biochemistry room, which is comprised of stainless steel cabinets and benches with allegheny tops, two small sinks, one large sink with a glass washer and an adjacent level. The morgue is separated from the other rooms by the Asbestone Board, and is equipped with a two-place refrigerator for post mortem subjects, an autopsy table with scales, and wall cabinets and drawers for storage of chemicals and containers.

d. Personnel authorized for the Laboratory Service of this hospital are as follows:

1 Laboratory Officer
6 Enlisted Technicians (WAC MSC)
3 Civil Service Laboratory Technicians

Personnel assigned during the year:

1 Laboratory Officer, Civilian
1 Laboratory Non-Commissioned Officer
4 Technicians (Army), 1 male, 3 female
3 Technicians (Civilian)

e. Deaths.

(1) During the year twenty-two deaths occurred, and eleven autopsies were performed. The following is a breakdown of deaths by Service:

Number of deaths on Medical Service. 8
Number of deaths on Surgical Service 9
Number of deaths on Obstetrical Service
Children 4
Miscellaneous 1
Cases dead on arrival. 0

The following is a breakdown of deaths by status:

Status	No. of Deaths	No. of Autopsies	Percent Autopsied
Active Army	4	3	75%
Army Retired	3	1	33%
Civilian Dependents	11	7	63.6%
Civilian Civil Service	2	0	-

(2) The following are the deaths which took place in this hospital during 1943, and clinical diagnoses:

(a) Baby Girl I, Children, Civilian Dependent, 2 January 1943. Cause of death: Prematurity, 5 months' gestation. Autopsied.

(c) [illegible], age 77 years, Active Army, 10 February 1940. Cause of death: Arteriolar Sclerosclerosis, Cardiac Hypertrophy, Chronic Pericarditis, and generalized Arteriosclerosis. Autopsied.

(d) [illegible], age 74 years, Retired, 13 February 1940. Cause: Mural steatosis of liver, generalized arteriosclerosis and bilateral acute cortical tubular necrosis. Autopsied.

(e) [illegible], age 38 years, Civilian dependent, 15 February 1940. Cause: Pulmonary tuberculosis with cavitation of right upper lobe. Autopsied.

(f) [illegible], age 25 years, Active Army, 21 February 1940. Cause: Multiple stab wounds into left thorax with penetration into left lung and heart (Homicidal). Autopsied.

(g) [illegible], age 23 hrs., 30 min., Civilian Dependent, 21 February 1940. Cause: Pulmonary Atelectasis and Fetal Aspirational Pneumonia. Autopsied.

(h) [illegible], age 39 years, Civilian Dependent, 6 April 1940. Cause: Thoracic pneumonitis with cardiac dilatation and hypertrophy, aortic stenosis and insufficiency, and mitral stenosis and insufficiency. Autopsied.

(i) [illegible], age 63 years, Civilian Employee, 5 April 1940. Cause: Coronary sclerosis and embolism. Not autopsied.

(j) [illegible], children, Civilian Dependent, 20 April 1940. Cause: Pneumonitis. Not autopsied.

(k) [illegible], age 11 months, Civilian Dependent, 22 April 1940. Cause: Mixed adenocystoma (polar spongioblastoma) of the base of the brain, internal hydrocephalus and edentation. Autopsied.

(l) [illegible], children, Civilian Dependent, 29 April 1940. Cause: Pneumonitis, multiple pleuroidal infarcts. Not autopsied.

(m) [illegible], age 29 years, Active Army, 7 June 1940. Cause: Self-inflicted gunshot wound penetrating frontal region of skull and brain. Not autopsied.

(n) [illegible], age 74 years, Retired, 23 June 1940. Cause: Arteriosclerotic heart disease. Not autopsied.

(o) [illegible], age 73 years, Retired, 2 August 1940. Cause: Bilateral suppurative infarcts and arteriosclerosis of coronary arteries. Not autopsied.

(p) [illegible], age 61 years, Retired, 1 October 1940. Cause: Cerebral hemorrhage, hypertension, generalized arteriosclerosis. Not autopsied.

(q) Baby [illegible], children, Civilian Dependent, 23 weeks of gestation, 5 October 1940. Cause: Incurred fetus delivered of a severe pre-eclamptic mother. Not autopsied.

(g) WC, age 9 months, Civilian Dependent, 6 October 1949. Causes: Sudden death, cause undetermined (suspected suffocation). Pulmonary edema and congestion, acute pulmonary edema. Autopsied.

(h) WM, age 42 years, Civilian Employee, 22 October 1949. Causes: Coronary hemorrhage. Not autopsied.

(i) WM, 19 weeks, Civilian Dependent, 14 December 1949. Causes: Cor Pulmonale - dilatation and hypertrophy of right side of heart. Autopsied.

(k) WC, 20 years, Civilian Dependent, 26 November 1949. Causes: Broncho-pneumonia, acute lymphatic leukemia. Not autopsied.

(l) WM, age 39 years, Active Army, 24 December 1949. Causes: Fracture of left femur, puncture of pericardium, hemothorax, hemo-pneumothorax, multiple lacerated wits. Autopsied.

(m) AM, age 72 years, Retired, 28 December 1949. Causes: Arteriosclerotic heart disease. Not autopsied.

6. The following procedures were accomplished by the Laboratory Service during the calendar year 1949:

(1) Bacteriology Department.

Blood Cultures	70
Eye Cultures	61
Ear and Mastoid Cultures	25
Nose and Throat Cultures	209
Spinal Cultures	3
Spinal Fluid Cultures	21
Sputum and Mucous Cultures	21
Feces Cultures	209
G.U. Tract Cultures	1
Urine Cultures	348
Vaginal and Cervical Cultures	147
Urethral and Prostatic Cultures	109
Tuberculosis and Fungous Cultures	2
Skin, Hair and Nail Cultures	21
Miscellaneous Bacteriology	72
Miscellaneous Cultures	348
Eye Smears	61
Ear and Mastoid Smears	25
Nose and Throat Smears	63
Sputum Smears	98
Spinal Fluid Smears	3
Nasal and Throat Smears	21
G.U. Tract	1
Vaginal and Cervical Smears	146
Urethral and Prostatic	109
Tuberculosis and Fungous Smears	2
Genital Fluid Smears	21
Hair and Nails Smears	2
Miscellaneous Smears	408

Bacteriology Department (continued)

Paratyphoid	32
Pneumo-Streptococcus and Pneumococcus	200
Typhoid	33
Typhoid Fecal Carrier	30
Typhoid Fever	57
Undetermined	4
Undetermined Antigens	40
Miscellaneous	3
Organisms Tested	3
Urine Smears	1
TOTAL	3,000

(2) Chemistry Department

Blood Sugars	170
Van Den Bergh (Direct)	2
Van Den Bergh (Indirect)	9
Miscellaneous	2
Phosphatase	2
Blood Analyses	14
Cerebral Fluid Analyses	17
Urinalysis	320
TOTAL	536

(3) Serology Department

Cardiolipin	2,000
Quantitative Cardiolipin	400
Kahn	1,000
Blood Typing	300
Rh Typing	200
Precipitin	100
TOTAL	4,000

(4) Histologic Department

Basal	300
Bronchial Brushing	200
Biopsy	800
Cervix	650
Gastric Acid	400
Gynecologic Acid	400
Blood	11
Prostatectomy	60
Miscellaneous	2,000
Pap	80
Vaginal and Cervical	70
Skin	80
Urinalysis	2
Urine Smear	1
TOTAL	5,000

(5) Hematology Department

Red Blood Counts	6,832
White Blood Counts	4,435
Hemoglobin (Tisdale)	4,830
Hematocrit	3,440
Reticulocyte Counts	1
Platelet Counts	35
Color Index	1
Red Blood Cell Morphology	149
Bleeding Time	36
Clotting Time	3,015
Clotting Test	3,011
Sedimentation Rates	737
Hematocrit	695
Red Cell Fragility	3
Differential White Count	31
Differential Hematocrit	30
Blood Cell Preparations	2
W.B.C. Morphology	50
Bone Marrow Differential	4
Total	27,007

(6) Bacteriology

Nasal Examinations	759
Cultures to Check Any Laboratory	2,027
Antigens (T.A.B.)	581
Gastroenterology (Stool Exs.)	3,700

c. A total of 69,433 laboratory tests were performed during the year. The following indicates the monthly workload:

January	5,458
February	4,851
March	6,276
April	5,778
May	5,459
June	4,981
July	10,039
August	6,348
September	6,100
October	5,954
November	5,489
December	5,100
	69,433

h. The following changes in operation have taken place during the year:

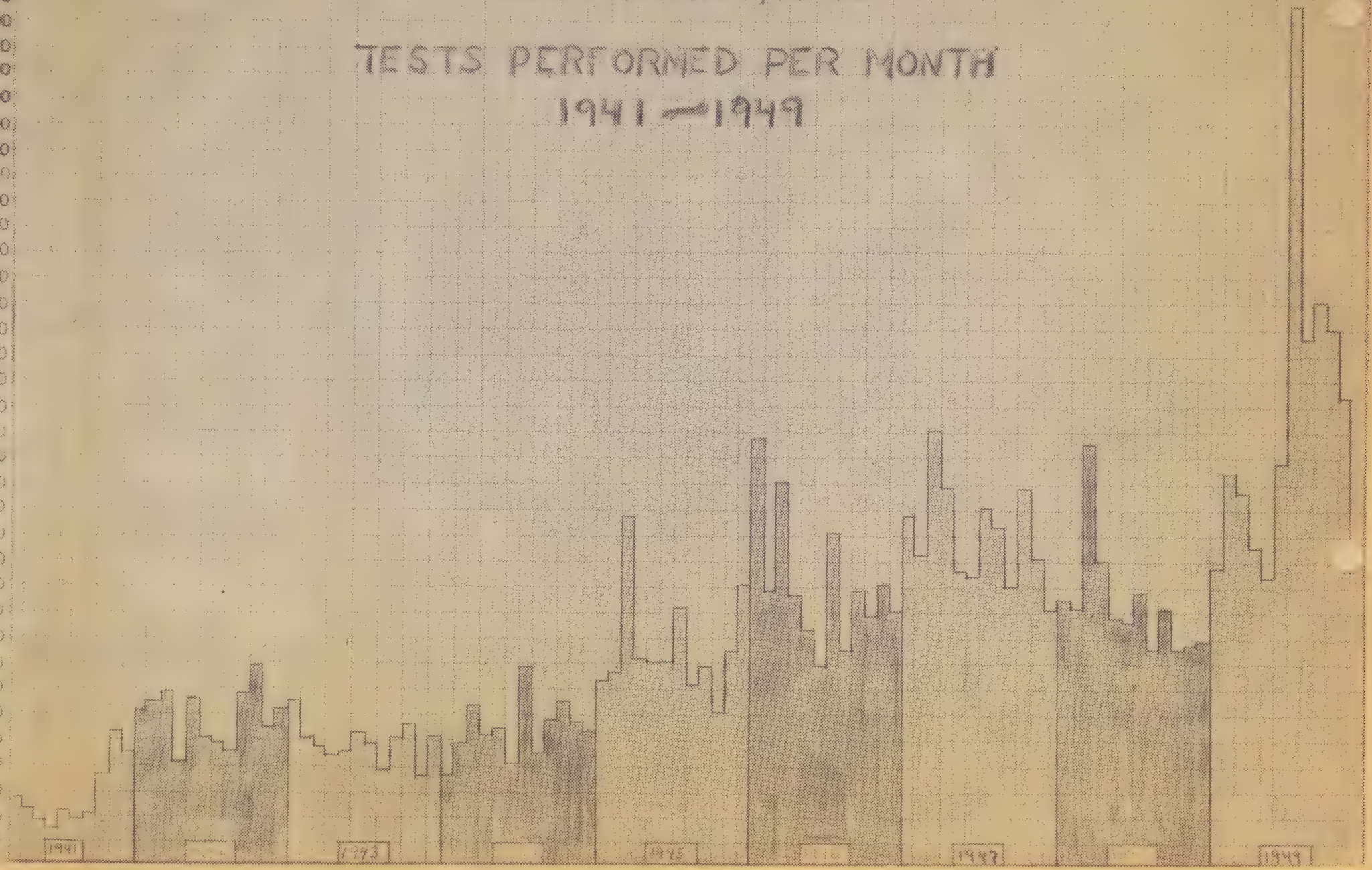
(1) Equipment.

(a) An air-conditioning unit in the laboratory library of the hospital was put into operation in November 1940.

(b) A freezer for preserving, for museum culture and increased CO_2 tension necessary in bacteriological studies, was obtained.

LABORATORY
STATION HOSPITAL
WEST POINT, N.Y.

TESTS PERFORMED PER MONTH
1941 — 1949



(2) Military

(a) The Rahe Unit for syphilis was replaced by the Gentile Unit April 1st.

(b) A full-time technician has been assigned to night duty from 12PM to 8AM hours, Monday through Friday. The week-end coverage is retained among the remaining military personnel.

(c) The laboratory service routines of the Preventive Medicine and Hospital Laboratories have been completely revised.

(d) Audiograms and Tuberculin tests are no longer performed by the personnel of the Laboratory Service.

(e) Chest-examination rate for civilians is an actual procedure by Radiology.

(f) Such department schedules at the end of the day the tests performed, thus facilitating an exactly compiled monthly report.

b. Comments.

(1) Since the media room is separated from the laboratory and waiting room only by a glass partition, the noise from the laboratory media is at times extremely distracting, and interferes with work efficiency.

(2) A treatment room with sufficient space for handling patients who collapse or become ill when blood is drawn for diagnostic procedures.

(3) With the increase in personnel and work load, the number of microscopes are inadequate. Addition of new microscopes and replacement of old ones is greatly needed.

(4) The air-conditioning installation will add considerably to the efficiency of the laboratory, as the lack of fresh air and controlled steam pipes had reflected in the quality of work.

(5) The increase in personnel and the relief from frequent night duty has increased the morale and are responsible for a more efficient working day.

(6) Addition of a new sterilizer and distiller in the near future will add considerably in improving the malpractice methods.

23. Outpatient Service and Physical Examination and Immunization Section.

a. The Outpatient Service and Physical Examination and Immunization Section renders medical attendance to military personnel and their dependents, and to civilian employees of the post, in circumstances not requiring hospitalization. A daily sick call is conducted for both medical and enlisted personnel. Each sick call is attended by an officer of the Medical Service, an officer of the

Outpatient Service, and the Medical Officer of the Day. Medical Corps Unit will be attended by a civilian doctor of the Physical Examination and Immunization Section.

b. Officers, dependents of military personnel, and civilian personnel of the post are treated in the Outpatient Service. Here, cases of general medical and surgical nature are handled. In addition, the following special services are maintained: Pediatrics, Dermatology and Allergy, Venereal, and Gynecology. (The latter two are attended by the medical officer in charge of Obstetrics and Gynecology.) Immunization of dependents is also accomplished in this section.

c. The Civilian Employees' Health Service consists of one civilian doctor and one civilian nurse who devote most of their time to the examination and treatment of civilian employees of the post.

d. The Physical Examination and Immunization Section accomplishes routine immunization of military personnel, annual physical examinations of officers and cadets, enlistment and discharge physical examinations, and other examinations as may be authorized. The medical officer assigned to this section also accomplishes monthly physical inspections of troops and food handlers, and weekly inspections of enlisted men's mess halls.

e. The Outpatient Service and Physical Examination and Immunization Section are located in the basement of the main building of the hospital. The rooms are well-lighted by means of fluorescent lights, and equipped with modern medical and office equipment.

f. The medical officer of the Outpatient Service is assigned as Corps Board Physician, rendering medical attention to members of the varsity athletic squads (Corps Squads) of the U. S. Corps of Cadets. He treats a large number of minor injuries and renders necessary treatment to more serious injuries which require hospitalization. A great portion of his work consists of the prevention of injuries or aggravation of old injuries by observation of the individual cadets, and by proper support of the injured member. The Corps Board Physician is in attendance at all football practices and games. His offices are in the training room of the gymnasium, equipped with modern physiotherapeutic devices, and he is assisted by enlisted and civilian trainers of the Department of Physical Education, USAH, and the Army Athletic Association.

g. The personnel on duty in the Outpatient Service and Physical Examination and Immunization Section are three Medical Corps officers, three civilian physicians, two civilian nurses and seven enlisted personnel.

h. The following is a report of patients attended and examinations performed during the year 1949:

Military personnel	18,056
Dependents	23,149
Examinations of Adults	113
Examinations of Post School and Parochial School Children	434
(Post - 434, Parochial - 0)	

(cont'd)

Dental Calls	770
Physical examinations	3,668
Vaccinations	7,370
Chest Mass Calls	1,353
Officers at Lay (visits after clinic hours)	3,200
Outpatient visits to hospital clinics	32,619
TOTAL	68,303

The following is a report of the outpatient visits by months (all patients):

January	5,600
February	5,200
March	5,200
April	5,074
May	5,600
June	5,600
July	6,200
August	6,400
September	7,600
October	6,200
November	6,200
December	5,600
TOTAL	68,303

24. Army Federal Civilian Employees' Health Service.

a. Authorized by SO 4-0001-F, the Army Federal Civilian Employees' Health Service Program has provided over 3,600 civilian employees of this post with medical service in accordance with prescribed regulations. This program is conducted under the direction of a civilian physician and a civilian nurse, co-operated with the Surgeon, USFA, and the Civilian Personnel Officer, USFA. The objectives were

(1) To insure initial employment of only those persons who are physically capable for the job to which they are to be assigned.

(2) To provide emergency medical, surgical, and dental service.

(3) To prevent the development of acute and chronic conditions and disabilities during the employment.

(4) To provide complete care for the injuries and illnesses caused by the performance of regularly assigned duties.

b. The major part of the time is spent in the outpatient section of this hospital, using the facilities and equipment provided for the acting dispensary. This section is equipped to do routine charges of dressings, minor surgery, hypodermic injections and physical examinations. For the more extensive surgery and examinations, other facilities of the hospital are used.

c. In general, the patients may be divided into two classifications, the "duty incurred" injury or illness, and the "non-duty incurred" injury or

illness. Upon proper authorization is made by the employee's immediate supervisor, all employees are eligible for treatment, the degree of which is determined by the classification and authorization. In the case of "duty incurred" illness or injury or dental condition, emergency treatment is rendered, and the patient referred to a private physician or dentist if the condition requires further care. In such instances this office judges the advisability of the patient's continuing with his regularly assigned duties for the remainder of the day, and makes such recommendation on the form provided by the immediate supervisor. At no time has there been any attempt or intention to eliminate the role of the family physician.

d. When injury or illness is incurred while carrying out regularly assigned duties, the patient receives emergency treatment and follow-up treatment in this clinic. Various departments (x-ray, EENT, Physical Therapy, Laboratory) and specialists (medical, surgical, dermatological) are utilized in the care and treatment of the injury or illness. If hospitalization is necessary, this also is accomplished. This care is authorized by completion of Form CA 16, signed by the operating official, indicating that the injury or illness is a result of duty factors, or a Form CA 17, if there is any doubt as to validity or possibility of duty connection. In this case the examining physician determines the true status. Such forms are extensively filled with the United States Employees' Compensation Commission.

e. The function of this clinic also provides for physical examinations of many types, including:

Pre-employment - resulting in proper placement of physically qualified.
Pre-conversion
Disability Retirement
Annual - as referred by USAFE for employees receiving retirement pensions.
Requalifying - to determine physical ability to perform specified duties already assigned.

Also included are hearing tests, usually made by the civilian nurse, to determine the validity of which have frequently and extensively used.

f. During the year over 2,500 treatments were given. Approximately 2,00 of these treatments have been "duty incurred" illness or injury.

g. The greatest problem has been the high rate of employee absenteeism in the Germersheim Locality. During August the daily absentee rate averaged approximately 25% of the total personnel. This problem was noted by home calls to the employee's home to determine validity of absenteeism and by physical examination to confirm physical fitness to perform given duties.

h. In addition to hospital duties, this service also provides for medical inspection of working conditions and facilities of the civilian employees on the post, and such findings and recommendations are forwarded to the Bureau.

i. The duty of performing the examinations as listed above requires that the physician in charge be a member of the Civil Service Retirement Board at the Station Hospital, and a member of the Local Federal Civil Service Examining Board. Examinations for separation from employment are handled by the above board necessitating separation of military personnel.

f. Pre-placement examinations are followed with instructions to the employee to report to the personal physician for remedial defects in such cases where treatment will cure or alleviate conditions found in this clinic. A follow-up is made to determine whether or not such measures have been taken, and if not, such action is encouraged, since human nature is often loathe to take active steps to improve general health. The purpose of examination is explained to the applicant (1) to ascertain the best possible placement to safeguard the employee's health, (2) to detect correctable pathological conditions and advise needful attentions of personal physicians for remedial measures which will improve health, (3) to minimize the occurrence of accidents, (4) to protect the health of all workers from communicable diseases.

h. Rejections are generally limited to communicable diseases, mental illness, mental debility and extensive physical incapacities. Annual physical examinations are not required, but are encouraged. There is no reason to suppose that an employee's physical status during the years will remain the same as at the time of initial employment. Some study is required in assuring that the older individual's ability to utilize safe limits of his physical reserve. Close liaison is maintained with the Office of the Civilian Personnel Officer of the adjustment with older personnel for the purpose of continuing to make full use of a long-developed skill and experience of the worker.

i. In addition, when time is available, help is extended to the outpatient clinic in the treatment of a considerable number of cases submitted by Army facilities. These include active, enlisted men, officers, dependents, and civilian employees who have quarters on the post, male employees on the post, and retired Army personnel.

j. The program of Army Retired Civilian Employees' Health Service marks a highly important need in a large group of civilian employees.

25. Pharmacy.

a. One of the main objects of the Pharmacy is to supply outpatients with medications and pharmaceuticals prescribed by medical officers of this hospital, and wards, clinics and other medical services with such medications and pharmaceuticals requisitioned. Officers of the Medical, Dental and Veterinary Corps, only, are authorized to order and prescribe medications from this department, which must meet the requirements of the U.S.P., N.F. and other formularies which are recognized as official treatises. Cadets and officers, enlisted personnel, retired personnel and their dependents receive their medications without charge. Civilians employed on the post may have their prescriptions compounded for a minimum fee of fifty cents, in accordance with paragraph 37b, AR 40-905.

b. The only source of supply to the Pharmacy is the Medical Supply Department of this hospital, which has been adequate during the year. One of the most important administrative functions of the Pharmacy is the maintenance of adequate medicinals and equipment necessary for their dispensation. This is accomplished by both the Medical Supply Officer and the Pharmacy Officer in determining the levels of each item required for the Pharmacy, basing the requirements on past issue experience and anticipated needs.

c. Invitations are forwarded to the Pharmacy from wards, clinics and other departments daily. Various medical kits, normally for first aid for all functions, such as bikes, sports events, maneuvers by water or land, and for most halls and spaces of the park in which many individuals are employed, are issued from the Pharmacy. However, ophthalmic lenses and mechanical optical aboard are requisitioned by wards on prescription, stored by a medical officer. Monthly inventory is maintained and a commissioned officer must supervise and check the inventory.

d. Three files are maintained for prescriptions, one for all military personnel, one for the issue of narcotics, and one for civilians (non-dependents of military personnel).

e. The working staff of the Pharmacy consists of one Motor Sergeant and one civilian.

f. The following is the report of prescriptions filled from 1 January through 31 December 1949:

All Services (including (shipment) - 39,618
Recruits - 8,705
Civilians - 83
Total - 39,130

	USAF & Other Services	Recruits	Civilians
January	3,388	887	11
February	3,273	1,113	17
March	3,261	771	13
April	3,154	760	10
May	3,421	851	8
June	3,139	1,139	3
July	3,196	905	4
August	3,777	841	3
September	3,411	713	4
October	3,567	903	2
November	3,280	867	4
December	3,581	755	6
TOTAL	39,388	8,705	83

g. Hospital Mess Department.

a. Food Service.

(1) The Hospital Mess is managed by a Mess Administrator, Dietitian, Accountant and Mess Steward.

(2) In the hospital there have been two Patients' Dining Rooms serviced by one kitchen, and a separate kitchen and dining room for duty enlisted personnel. After 1 September 1949, the Medical Department Mess was closed and combined with the Patients' Mess. This combined centralized food preparation in one kitchen, using electrically heated food carts for sending food to the various points of service.

(3) Several types of food service are employed to meet the particular needs of each group. All bed patients, including ambulatory female, have tray service from the ward diet kitchens; ambulatory cadet patients have family-style service; ambulatory enlisted patients and enlisted duty-personnel have cafeteria service; and officer duty-personnel have buffet service.

(4) Bulletin menus are planned several weeks in advance for placing food orders, and a weekly conference is conducted within the department to coordinate meal planning with the availability of supplies and current prices. Great care is exercised in the preparation of the menus to include the dietetic standards, keeping in mind the basic principles, such as age and activity of individuals, cost of meals, season of the year, quality of personnel needed, time and equipment necessary for preparation, variety, and appearance of food served with a minimum amount of food wastage.

(5) On the various holidays of the year, special menus were planned. Dining rooms and bed patients' trays were decorated appropriately with the holiday theme. Souvenir menus were specially printed for the holiday dinners on Easter, Thanksgiving and Christmas.

(6) For Therapeutic Diets, the menu serves as a standard ration and is modified to meet the various requirements. Of the total number of persons fed from January to June, 14.9% were therapeutic diets, while from July to December the percentage dropped to 11.4%. Contrary to these percentages, the daily number and variety of therapeutic diets remained approximately the same, and the total number of persons fed increased 28.3% from July to December. With the exception of Liquid and Medical Soft Diets, Low Sodium and Bantingnaht Diets averaged the highest percentage of the thirty different diets prepared during the year.

(7) Foods are procured through Quartermaster Facilities, where all dairy and meat products are inspected by the Veterinarian, and are rechecked on arrival at the hospital. The Quartermaster facilities have been adequate and in very few instances has it been necessary to purchase food from the local markets.

b. Administration - Personnel.

(1) The training program for the enlisted personnel has been of necessity limited to on-the-job training, with occasional training films. With a continuous change of personnel, and lack of experience to maintain a high standard and quality of food production without continuous supervision, authority was granted to hire qualified civilian cooks. At the present time there are five cooks and one baker in the department.

(2) In December 1949 the Medical Detachment began combat operations. The Food Service for the hospital patients and duty-personnel was then re-activated into one department. It was necessary to utilize the personnel from both departments to organize a temporary dining room in which to feed the enlisted personnel during this reconstruction period.

(3) In June 1949, Captain Edythe L. Peterson, MSC, Dietetian, Hospital Post, was transferred to OSG, Washington, DC, and at that time 2nd Lt. Alice H. Halvorsen was temporarily appointed to occupy this position, and later appointed Dietetian, Hospital Post, and Mess Administrator.

(4) With the arrival of the Women's Army Corps, an enlisted woman, WAC 405, was assigned to the Mess Department as an understudy for the Accountant, and to perform general secretarial work for the department.

(5) With the closing of the Detachment Mess, 1 December 1945, seven enlisted men, mess personnel, were transferred to the Hospital Mess.

(6) The present personnel authorization is as follows:

Mess Administrator - Alice E. Halvorsen, 2nd Lt., WAC
Dietitian - Ruth O. Stevin, Captain, WAC
2 M/Sgts., MOS 0RA
5 Sgts., 4-MOS 000; 1-MOS 0RA
3 Cpls., 2-MOS 000; 1-MOS 000; 1-MOS 657
7 Pfcs., 4-MOS 000; 2-MOS 000; 1-MOS 055
5 Pvts., MOS 000
6 Civilian Cooks

a. Area and Equipment.

(1) At the present time the hospital kitchen is located on the first floor of the main hospital building, with the Cadet Mating Room directly opposite the main corridor, and the Enlisted Personnel Dining Room on the third floor. The kitchen now in use is inadequate for this hospital, primarily because it lacks a special diet kitchen and bake shop. The present equipment has been in use many years and consequently needs numerous portable repairs. During this year a vegetable steamer and mixing machine were replaced. Appropriations in the amount of $50,000.00 were granted for the construction of a new kitchen with cafeteria serving. The kitchen is at the present time in the process of construction, and should be ready for occupancy in the very near future. The present arrangement is very antiquated and inadequate to cope with a well-rounded feeding program.

(2) Special projects completed during the year:

(a) The diet kitchens in all wards were completely renovated the first half of the year. Each have had the addition of new sinks, counter equipment, electric dishwashers, dish warmers, cupboards, and tray carts all of stainless steel. Due to inadequate electric feeders, the grills were not installed at that time, but will be at some future date.

(b) Venetian blinds were installed in all the wards of the hospital, with the exception of Ward 30A. This will be completed as funds become available in the future.

(c) With the closing of Fort Briggs General Hospital, the following equipment was received, placed in operation at this hospital, and being maintained on the records of the Hospital Mess:

1 Chrysler Imp
1 Set of Ginger Ales
1 Meat-cut Set
35 Chairs lounge chairs, upholstered
60 Chairs, dining for carpeth
1 Desk, Executive (small) with 25 Letter Binders

(Continued)

1 Kaleidograph Machine
87 Mirrors
1 Work Counter Machine
5 Floor Lamps
1 Radio-Phonograph Combination
80 Tables, chairs, cupboards
2 Piano with bench
3 Water Coolers
60 Hand Irons
68 Record Albums
23 Valve Dampers
94 Cuticle Curlators

(4) The Solarium, located on the roof of the rear wing of the hospital, was completed, including the heating system. This is a most delightful place for convalescent patients to relax and enjoy the sunshine, even in the coldest weather. Comfortable chairs, deckchairs, lounge chairs and many potted plants which bloom the year round, were placed there for the patients.

d. The following is a financial report of the Hospital Fund for the period 1 January through 31 December 1949:

Month	Number of Authorized Beds at End of Month	Actual Working Capital at End of Month	Gain or (Loss) from Operations	Gain or (Loss) from Canteen	Grants rec'd. from Central Welfare Fund
Jan.	207	$5,720.56	(1111.91)	(127.05)	None
Feb.	207	5,955.07	(101.87)	(10.39)	"
Mar.	207	5,700.71	203.32	124.83	"
Apr.	207	4,985.53	603.35	514.75	"
May	207	4,956.35	20.35	10.83	"
June	207	4,934.96	(41.36)	(1.41)	"
July	207	4,933.63	536.09	430.09	"
Aug.	207	4,935.31	251.47	190.55	"
Sept.	207	4,993.24	323.72	166.30	"
Oct.	207	5,097.48	130.57	185.81	"
Nov.	207	5,324.09	99.83	37.88	"
Dec.	209	5,365.36	207.32	170.45	"

37. Special (VT) Hospital Fund.

Listed below is financial status of the Special (VT) Hospital Fund as of 31 December 1949:

Project VTF-6-06 Floyd Hall Stadium

Allocated		$13,450.00
Payment rec'd from VTF	$7,455.00	
Final Payment rec'd from VTF	5,995.00	13,450.00

	Estimated or Actual Cost	Amount of Payment Made	Total Amount of Payments Made
Clubs & Club Tables	$6,541.40	$6,541.40	
Work performed by FS on installing & setting in place of Club Kitchen equip. not completed by contractor	113.60	113.60	
Club Kitchen rehabilitation	5,500.00	5,500.00	
Work by FS on rehabilitation not performed by contractor	1,000.00	1,000.00	
Faucets, "P" Traps & removal of fixtures	260.25	260.25	$13,415.25

Payment rec'd from FPO $13,400.00
Less payments made 13,415.25
Unused Balance. . . . $ 30.75

Project WIS-4-FF (Interior)

Allocated			$40,000.00
Payment rec'd from BOB		$39,000.00	
Additional payment rec'd for installation of heating system		1,000.00	40,000.01
Construction Contract	$30,000.00	$30,000.00	
Masonry Contract	4,340.00	4,340.00	
Asphalt Flooring	2,300.00	2,300.00	
Installation of Ceiling Lights and Fixtures	207.05	207.05	
Entire Show Lobby Glass	113.16	113.16	
Heating Equipment	1,075.00	1,075.00	
Installation of Heating Equipment	1,050.00	1,050.00	$39,085.21

Payment rec'd from OIC $40,000.00
Less payments made 39,885.41
Unused balance. . . . . $ 114.59

Project WIS-5-FF (Mobile Exhibits & Show Cases)

Allocated	$7,166.00	
Payment rec'd from OIC	2,160.00	
Mobility Fixtures	$ 236.51	$ 236.51
Shelves Covered	960.00	960.00
Valances Construction	150.00	150.00
Vacation Kiosks	212.00	212.00
Typewriter	1,316.00	1,316.00
Display Area Tables	1,090.00	1,090.00
Partition Corners	1,245.00	1,245.00
Tapes	6.00	6.00
Express charges for returning Permanent Fixtures	2.43	2.43
Lighting Fixtures	64.98	64.98
Paint	47.00	47.00	$5,774.22

Project [illegible] (continued)

Payment rec'd from NH	$7,140.00
Less payments made	4,736.32
Unused Balance. . . .	$2,403.68

Project [illegible] (Hamilton Hills)

Payment rec'd from NH	$2,010.00
This amount taken from Unused Balances	1,339.34
	$3,351.66

	Estimated or Actual Cost	Amount of Payment Made	Total Amount of Payments Made
334 Hamilton Hills	$3,351.66	$3,351.66	$3,351.66

Project [illegible] (Television Sets)

Allocated	$3,306.76
Payment rec'd from NH	1,306.76

4 Television Sets	$2,306.76	$2,306.76	$2,306.76

Payment rec'd from NH	$2,306.76
Less payment made	2,306.76
Unused Balance. . . .	$ 000.00

Project [illegible] (Hand Work Clothes)	$ 36.78
Project [illegible] (Infantee)	264.89
Project [illegible] (Dodet Patients' Utility Room)	1,304.88
Project [illegible] (Television Sets)	000.00
	1,606.55
*Less	1,606.55
Total Unused Balance.	$ 000.00

*Amount used to complete final payment of Project [illegible] (Hamilton Hills)

Total amount of payments rec'd from NH.	$64,406.25
Less total payments made to date.	64,406.25
Bank Balance as of 31 December 1949.	$ 000.00

38. Military Posture Fund, VA Appropriation.

Allotted.	$263.00
Balance	$263.00

39. Dentistry Office.

a. The Dentistry Office is a combination of the Admission and Disposition and Dentistry Offices. This office maintains all medical records, prepares statistical tables, charts, records of sick and wounded and all reports pertaining to the sick and wounded. In many instances, this office acts as a

statistical section and is required to furnish the Commanding Officer with statistics pertaining to the admission rates for various types of diseases and injuries, venereal disease rates, etc. The Registrar's Office also prepares attendance records, consolidated ward nursing reports, admission and disposition sheets and all other work that would normally be accomplished by an Admission and Disposition Office.

b. The retirement of both in and outpatient medical records to the proper depositories is accomplished by this office. All in-patient medical records are kept at the current file at this hospital for a period of six months after the patient's disposition date from this hospital, with the exception of cadets' records, which are kept on file until the cadet completes his course at the U. S. Military Academy, either by graduation, physical disability or resignation. All outpatient records are maintained at the hospital for a period of one year, with the same exception for cadet records as above.

c. The bed quotas allotted to this hospital in other Army hospitals by the Surgeon, First Army, were discontinued during the month of March 1945, and all transfers of Army personnel to a general hospital are accomplished only after approval of the Army Area Medical Regulating Officer. The Regulating Officer designates the hospital to which patients will be transferred. There is an unlimited bed credit at either West General Hospital, Washington, D. C. for the admission of cadet patients, and the transfer of a cadet to this hospital is accomplished without prior approval of the Medical Regulating Officer.

d. Air evacuation of patients was initiated during October 1945, and the first transfer by air was to Oliver General Hospital, Augusta, Georgia, on 29 October 1945. Patients being evacuated by air are taken to Stewart Air Force Base, Newburgh, New York, a distance of approximately 50 miles from the U. S. Military Academy, by ambulance and are placed on the evacuation plane. All air evacuation flights arrive at Tuskegee for patients traveling in a westerly direction, and at Thermopylae in an easterly and/or southerly direction. This type of evacuation is most satisfactory due to the expeditious travel to a hospital a considerable distance from West Point, as well as the fact that this hospital is not required to furnish medical attendants. Air evacuation is used in every feasible case.

e. The Central File Desk containing all outpatient records for the outpatient Clinic and the general administrative supervision and retirement of the records are under the direction of the Registrar's Office. The procedure is performed at the Central File Desk, as well as at the Information Desk, and, therefore, it is the responsibility of the Registrar's Office to ascertain that this data is recorded correctly. This office supervises and checks all work pertaining to the administrative data of patients performed by these two offices.

f. This office uses general office equipment to accomplish its duties, and during the year 1945, received an A.B. Dick Co. 90, Duplicating (Hand operated) Machine, which has been of great assistance in handling the large admission rate. It is anticipated that in the near future an electric typewriter will be obtained in order that the reports made by this office will be more legible in cases where numerous copies are required.

g. The Registrar's Office is located on the top floor, a room in Ward 10A, of the old hospital building, and is too far from the other administrative offices of the building. Since one officer is both Registrar and Adjutant,

As is necessary for all work leaving the hospital to be signed three times before necessary action, clearance, approval, etc. During the Lieutenant's office to the ward floor as the Ward Master's office, Executive Officer's office, Adjutant's office and the office of the Commanding Officer, in order contemplating this move will probably be accomplished during the early part of 1950. When such is accomplished, it will be of great aid to the operations of this office.

h. The authorization of personnel for this office is one officer, Lieutenant, two civilians and three enlisted personnel. During the year four enlisted personnel were relieved.

i. Patients transferred to other hospitals during the calendar year 1949 were as follows:

No. of Patients	Hospital to Which Transferred
73	Walter Reed General Hospital, Washington, DC
36	* U. S. Naval Hospital, Mt. Alban, Long Island, New York
14	Tilton General Hospital, Fort Dix, New Jersey
6	Martin General Hospital, Halifax, Pennsylvania
5	Valley Forge General Hospital, Phoenixville, Pennsylvania
4	Percy Jones General Hospital, Battle Creek, Michigan
2	Fitzsimons General Hospital, Denver, Colorado
2	Gilmy General Hospital, Augusta, Georgia
2	Station Hospital, Fort Dix, N.J.
1	Station Hospital, Camp Kilmer, N.J.
1	Station Hospital, Fort Hamilton, N.Y.
1	Station Hospital, Fort Jay, N.Y.
143	- Total number of patients transferred

* One (1) patient to be transferred to this hospital took place on 23 March 1949.

j. The mean strength of the command for the calendar year 1949 is as follows:

	White	Colored	Total
Cadets	2,370	10	2,380
Army	1,648	251	1,891

Off Post: Retired and Dependents 3,000
Post Dependents 4,000

k. Total number of patients admitted to the hospital and to quarters for the calendar year 1949 is as follows:

Number of patients admitted to hospital and carried for record only (all patients assigned Register Numbers, excluding quarters). 3,642

Number of patients admitted to quarters. 70

Total 3,712

l. Total number of births at this hospital for the calendar year 1949, by month:

January	21
February	27
March	27
April	28
May	23
June	26
July	23
August	20
September	39
October	22
November	26
December	21

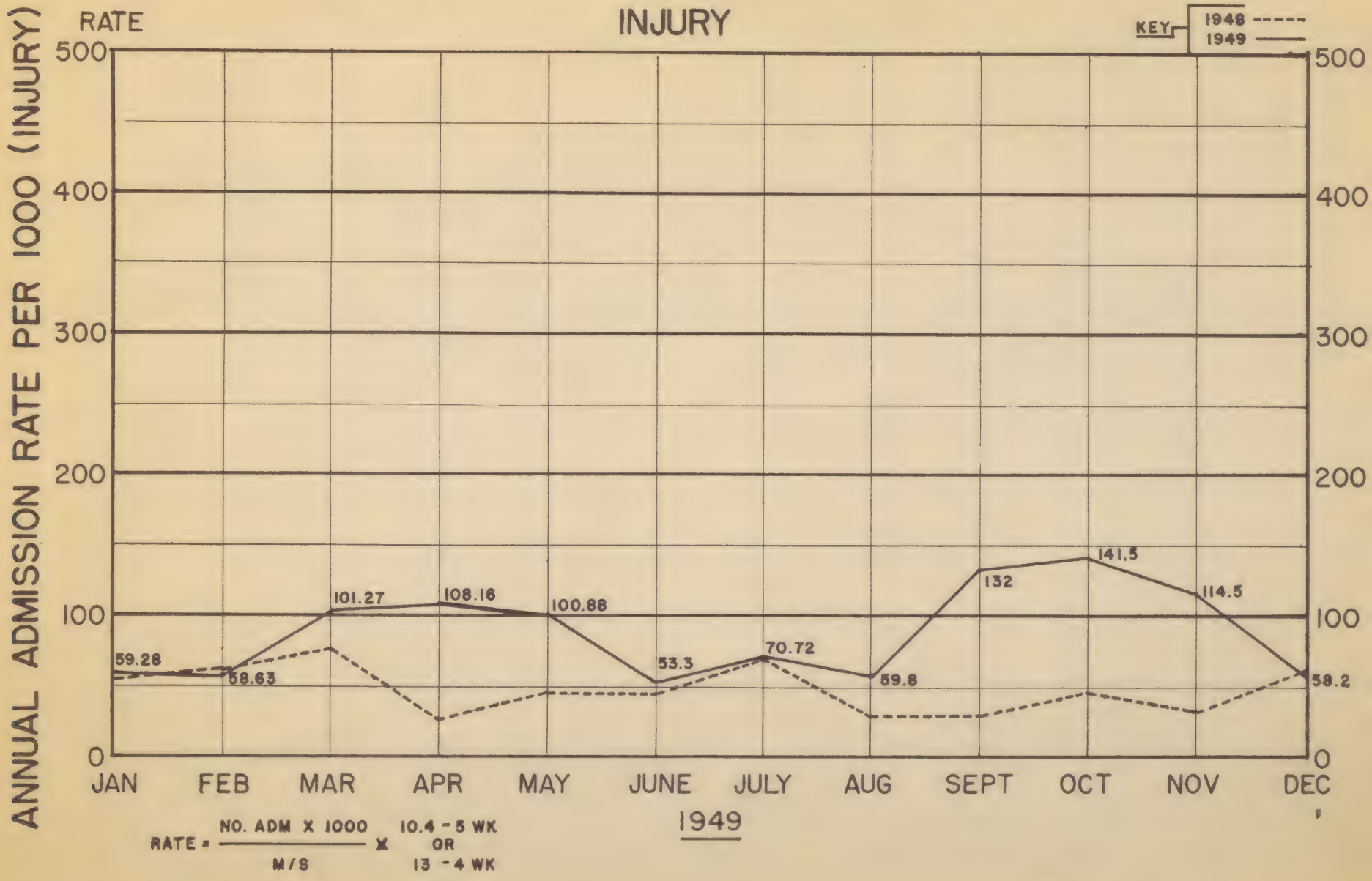
303 - Total number of live births.

m. Average number of patients occupying beds during the calendar year 1949 is as follows:

January	99
February	102
March	109
April	117
May	110
June	77
July	111
August	139
September	121
October	134
November	122
December	85

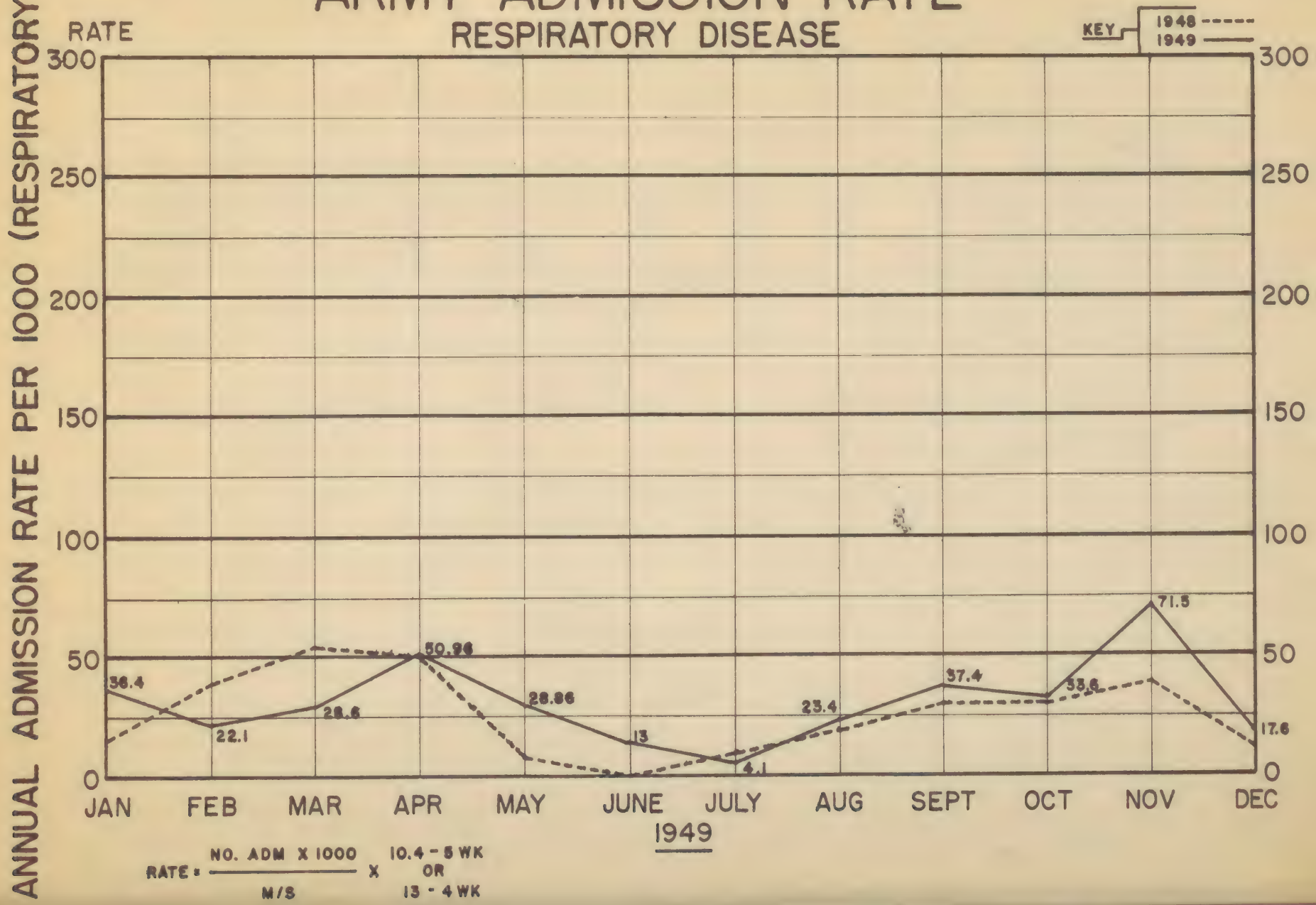
112 - Average for the year

ARMY ADMISSION RATE

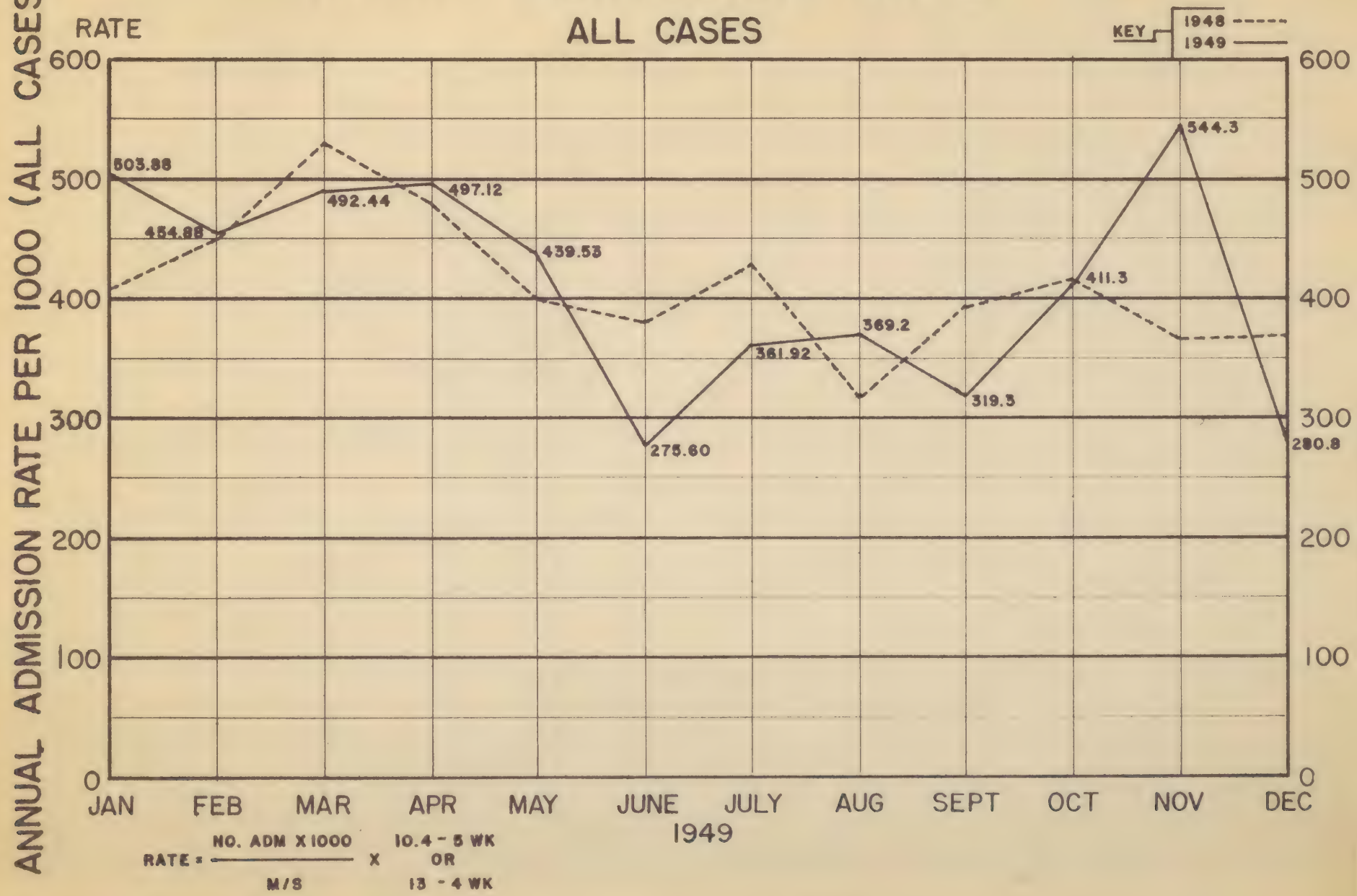


ARMY ADMISSION RATE

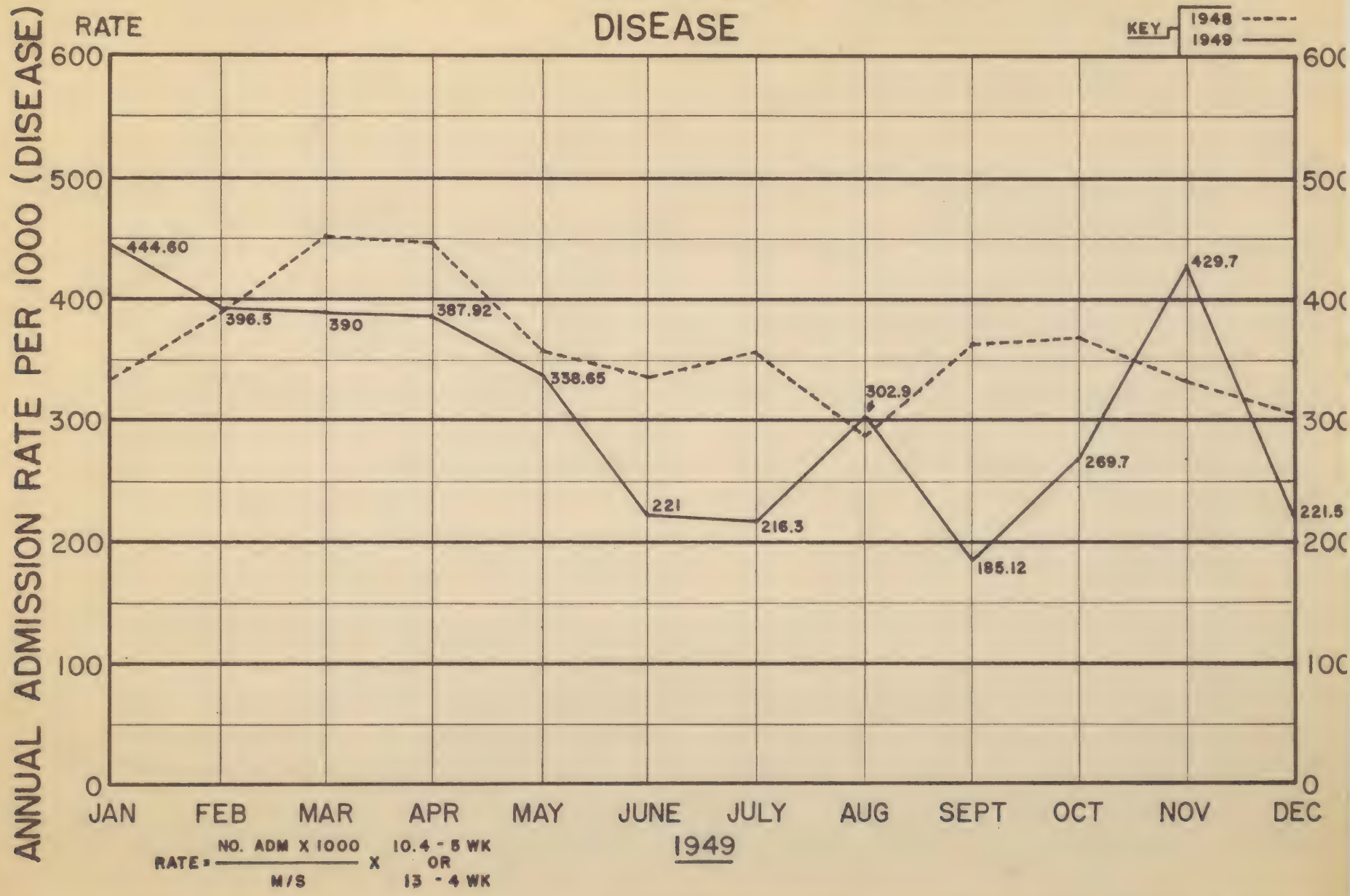
RESPIRATORY DISEASE



ARMY ADMISSION RATE

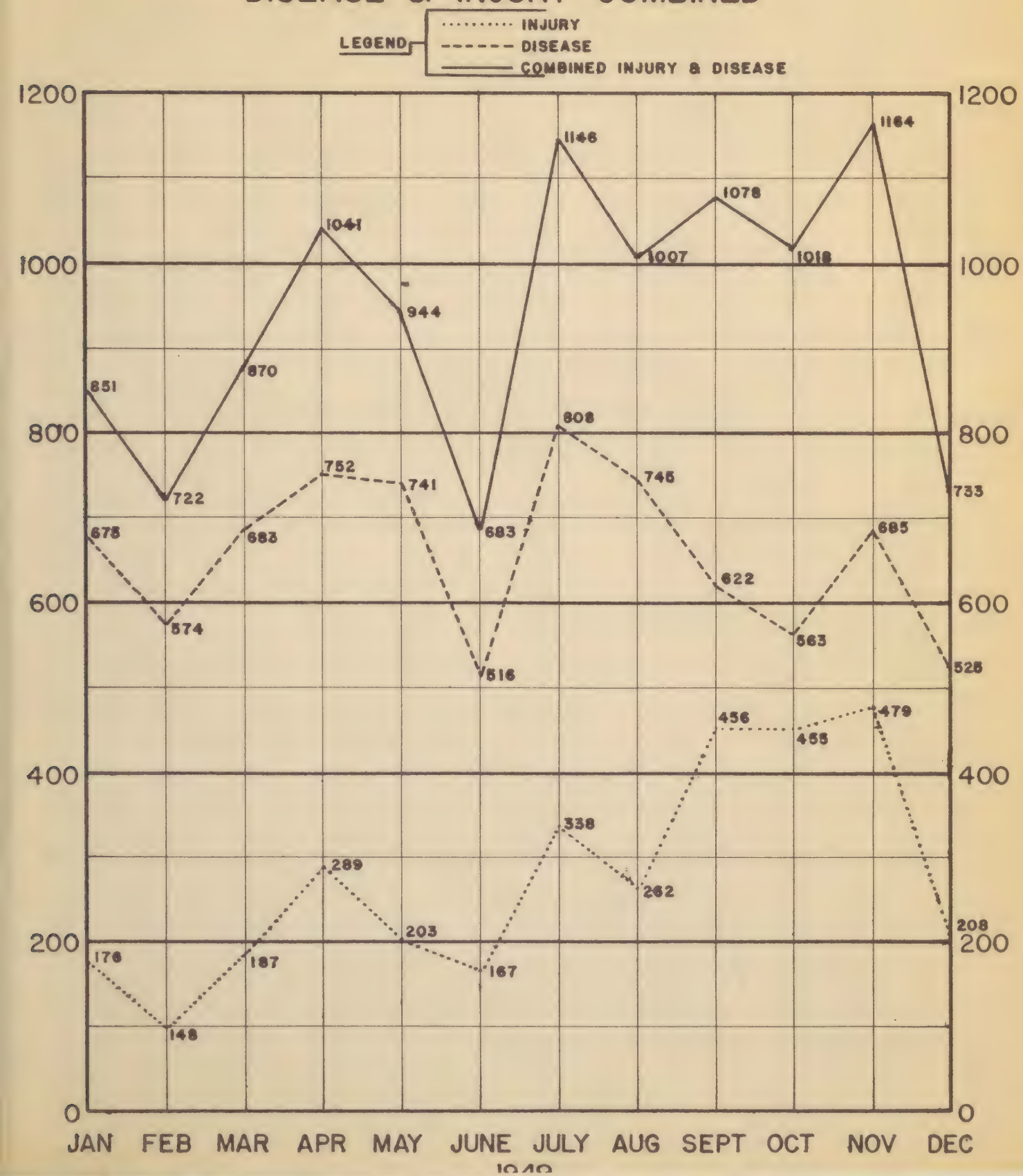


ARMY ADMISSION RATE

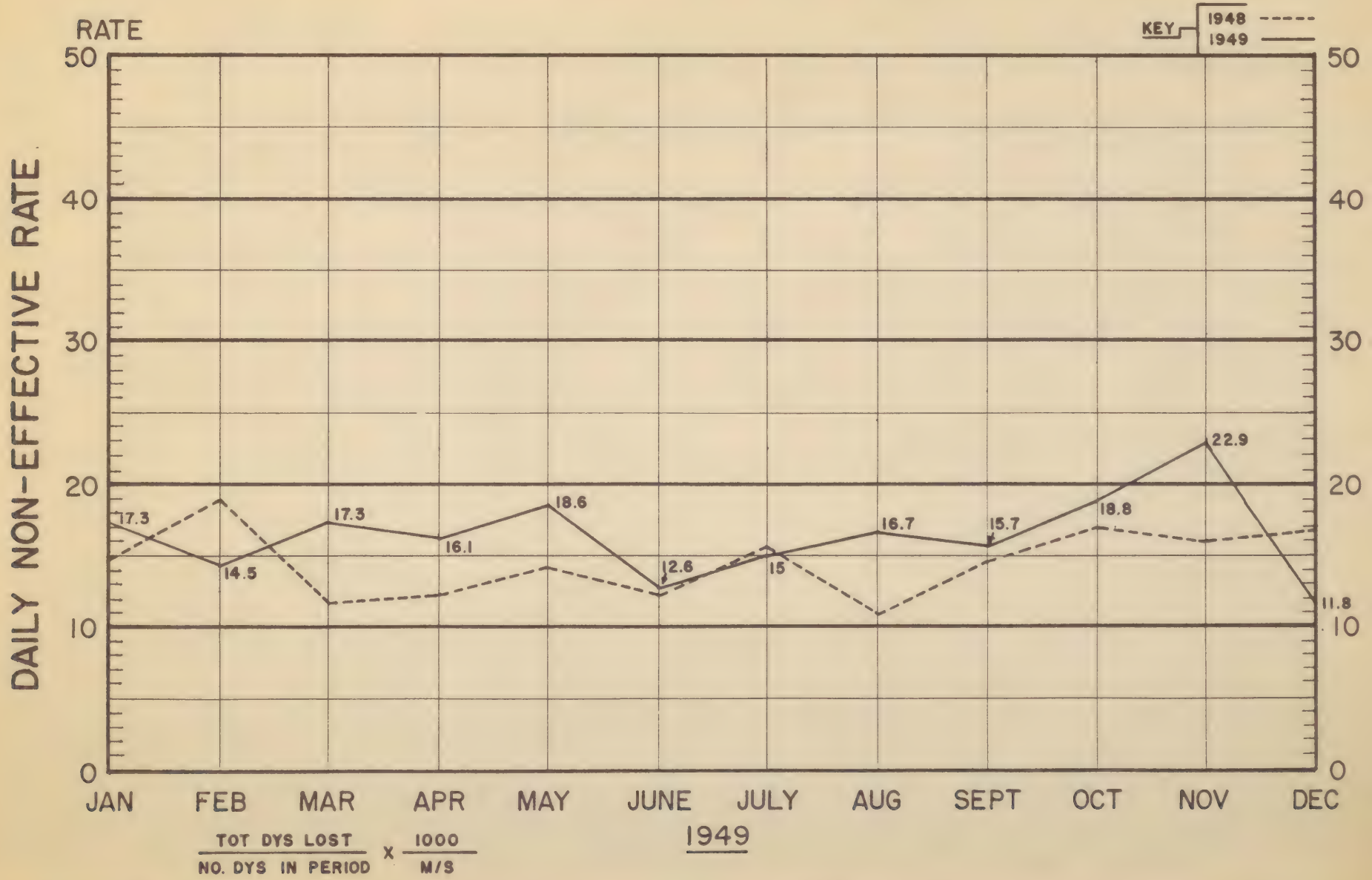


ARMY PATIENT DAYS LOST

DISEASE & INJURY COMBINED



ARMY NON-EFFECTIVE RATE



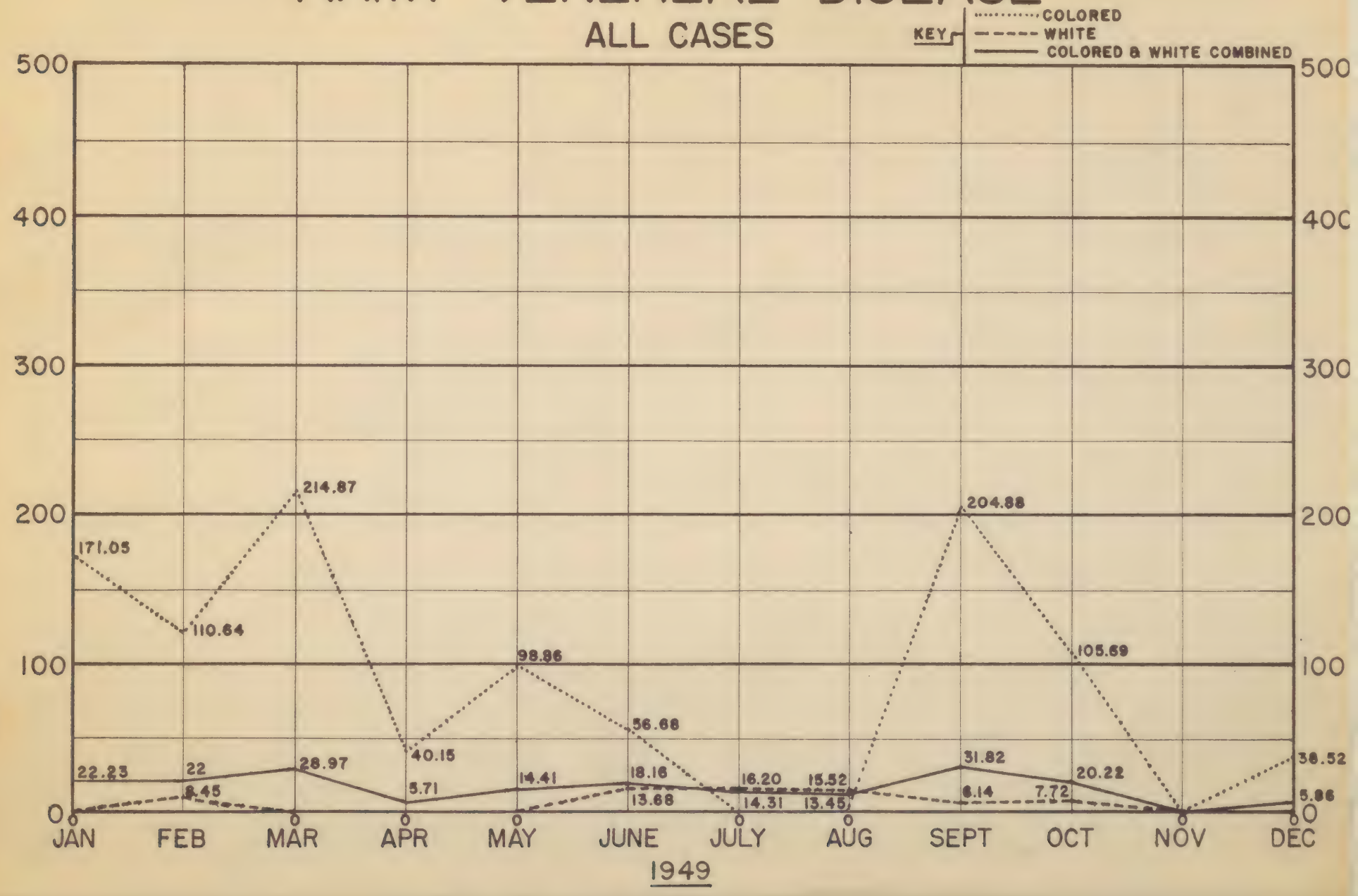
ARMY HOSPITAL CASES

1949

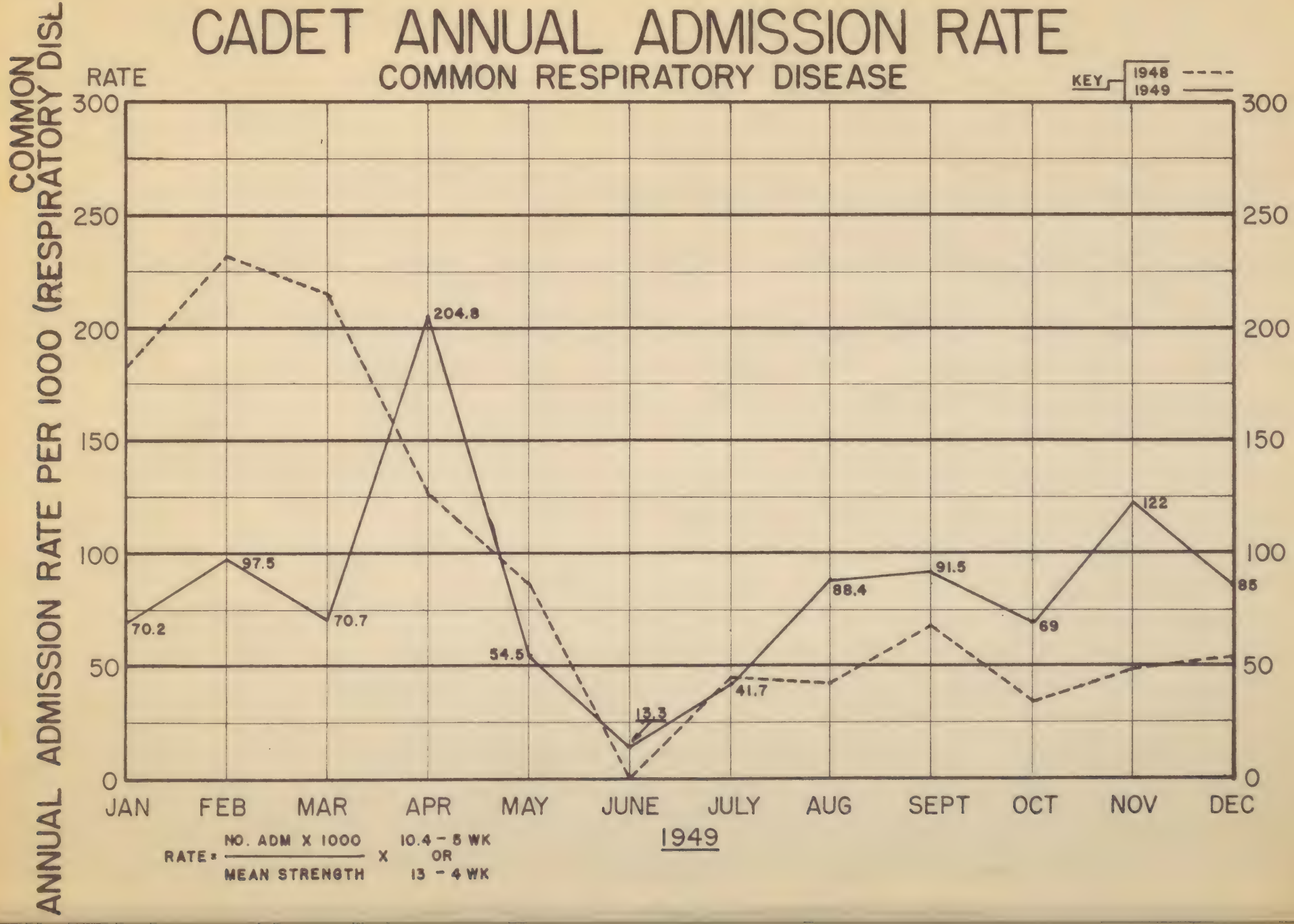
ARMY	JAN 4 WEEKS	FEB 4 WEEKS	MAR 4 WEEKS	APR 5 WEEKS	MAY 4 WEEKS	JUN 4 WEEKS	JUL 5 WEEKS	AUG 4 WEEKS	SEP 5 WEEKS	OCT 4 WEEKS	NOV 4 WEEKS	DEC 5 WEEKS
MEAN STRENGTH	1754	1773	1795	1820	1804	1933	2181	2147	1956	1928	1815	1776
ALL CASES ADMITTED	68	62	68	87	61	41	76	60	60	61	76	48
DISEASE CASES ADMITTED	60	54	54	68	47	33	61	50	35	40	60	38
INJURY CASES ADMITTED	8	8	14	19	14	8	15	10	25	21	16	10
DIARRHEA CASES	1	4	1	4	1	-	-	-	1	0	5	2
ALL CASES VENEREAL DISEASE	3 G.C.	3 G.C.	SYPH 1 3 G.C.	1 G.C.	SYPH 1 1 G.C.	2 G.C.	3 G.C.	SYPH 1 2 G.C.	6 G.C.	0	0	1 G.C.
COMMON RESPIRATORY DISEASE	5	3	4	9	4	2	1	4	7	5	10	3

ARMY VENEREAL DISEASE

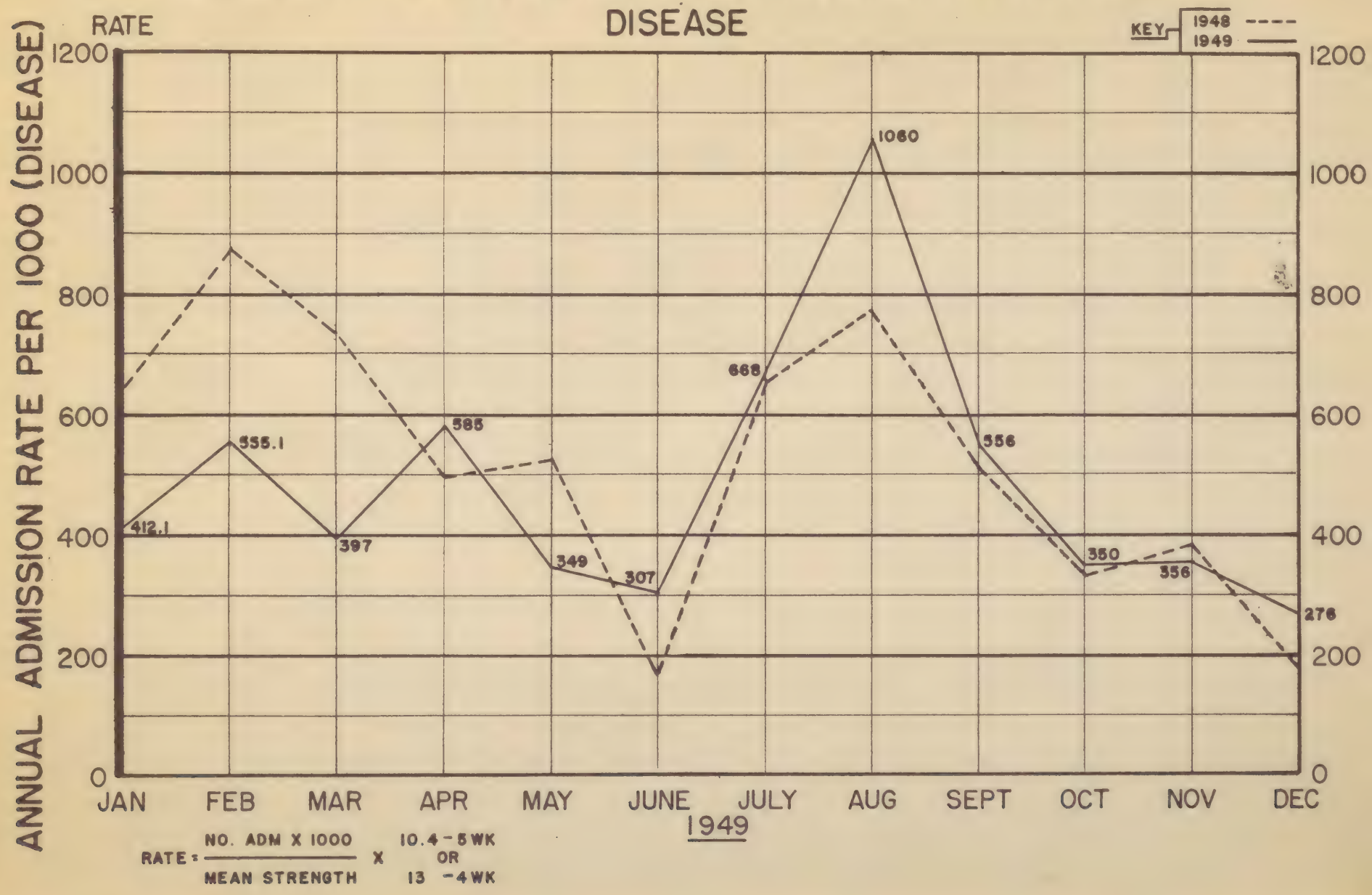
ALL CASES



1949

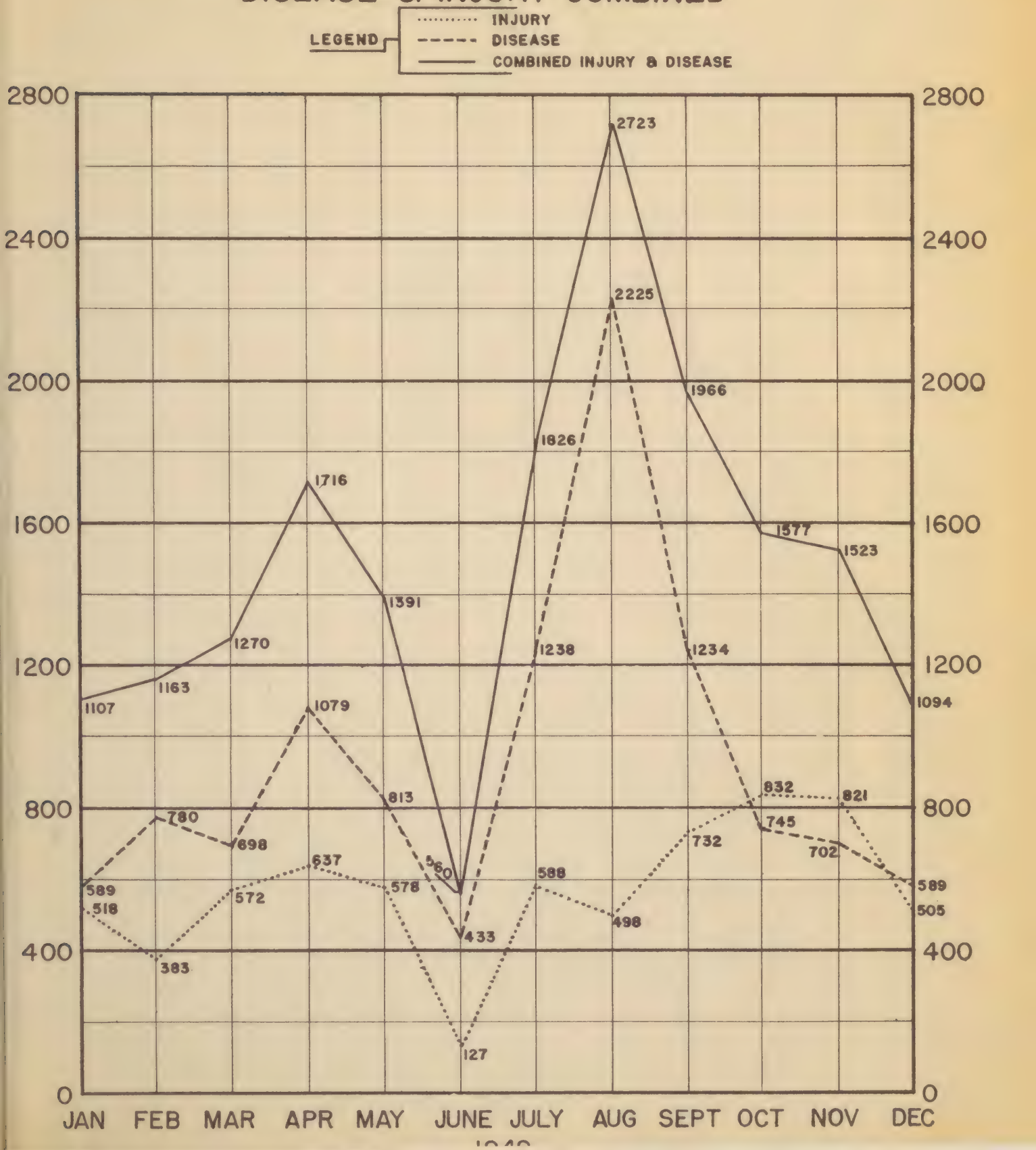

CADET ANNUAL ADMISSION RATE
COMMON RESPIRATORY DISEASE
RATE
KEY
1948
1949
COMMON ANNUAL ADMISSION RATE PER 1000 (RESPIRATORY DISEASE)
300
250
200
150
100
50
0
JAN
FEB
MAR
APR
MAY
JUNE
JULY
AUG
SEPT
OCT
NOV
DEC
70.2
97.5
70.7
204.8
54.5
13.3
41.7
88.4
91.5
69
122
85
1949
RATE = NO. ADM X 1000 / MEAN STRENGTH X 10.4 - 5 WK OR 13 - 4 WK

CADET ANNUAL ADMISSION RATE

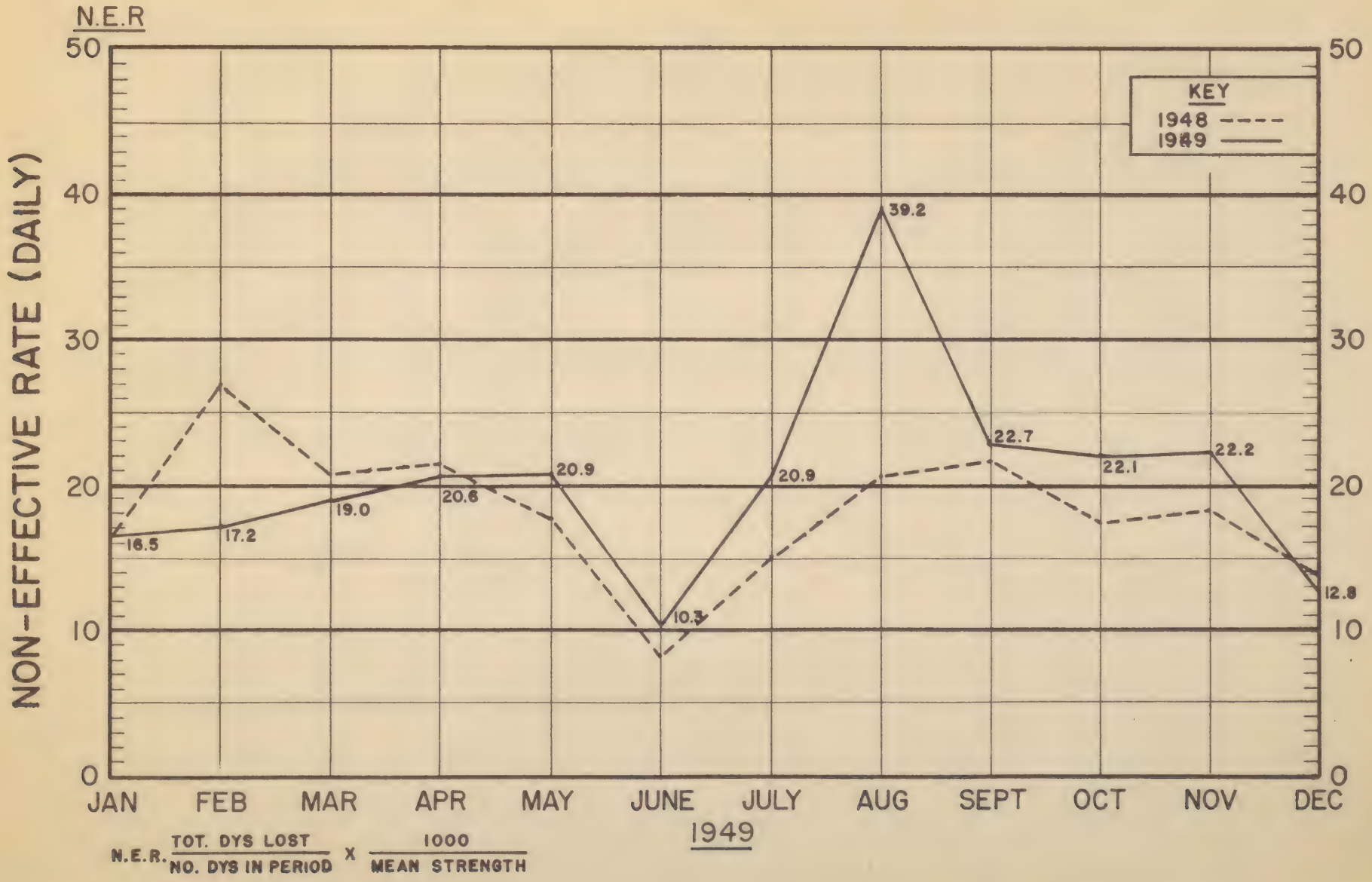


CADET PATIENT DAYS LOST

DISEASE & INJURY COMBINED



CADET NON-EFFECTIVE RATE

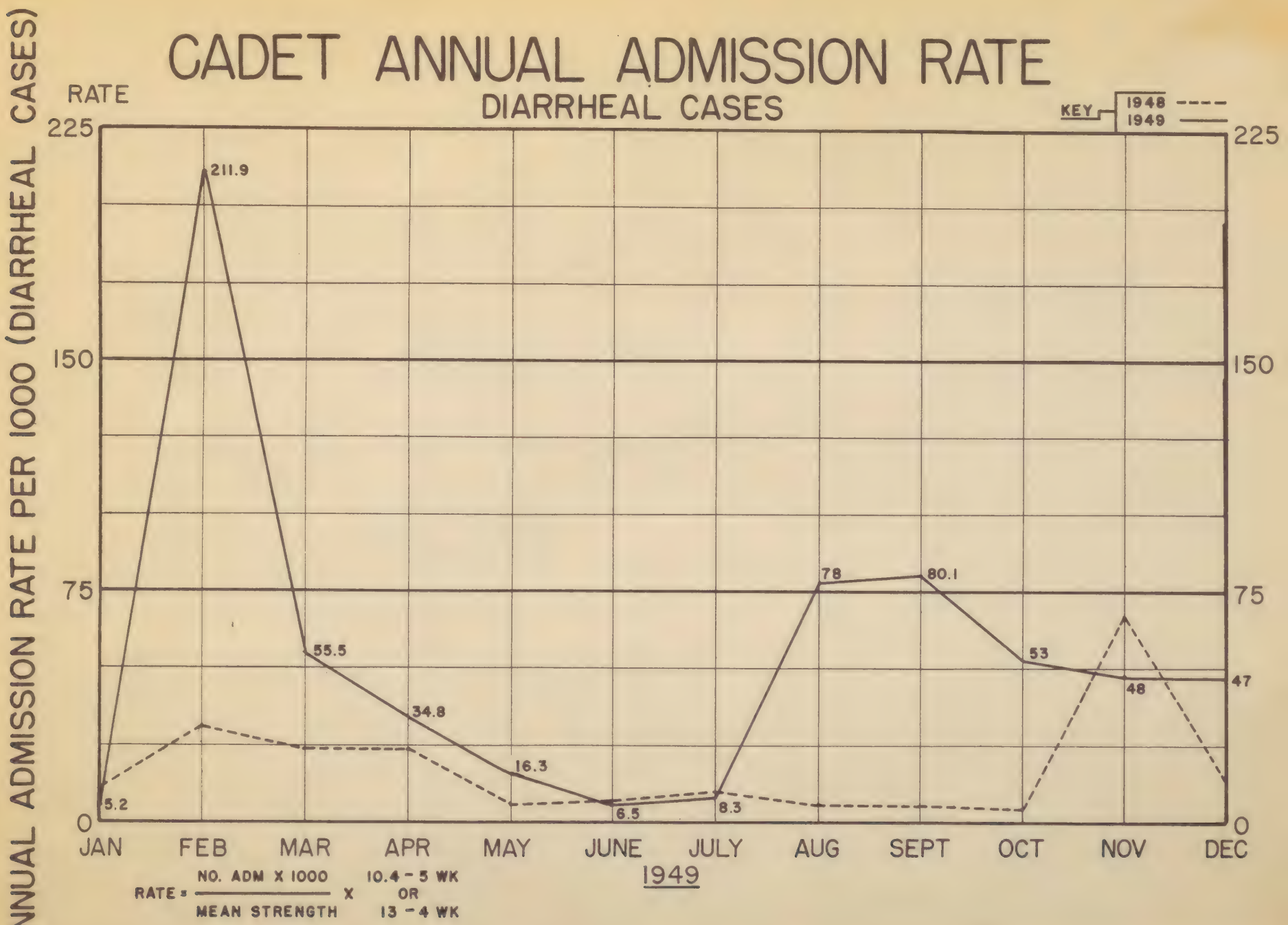


CADET HOSPITAL CASES

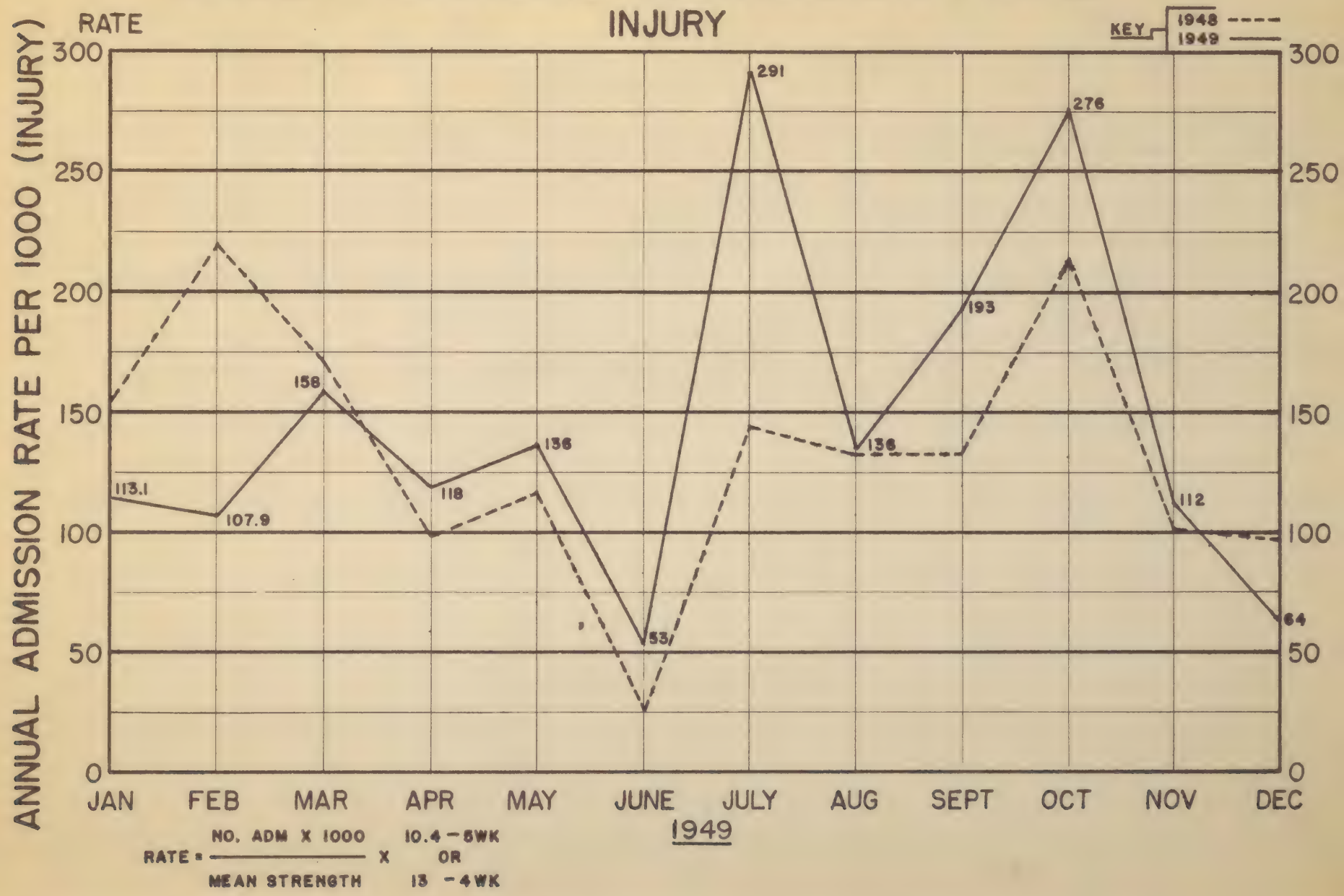
1949

CADETS	JAN 4 WEEKS	FEB 4 WEEKS	MAR 4 WEEKS	APR 5 WEEKS	MAY 4 WEEKS	JUNE 4 WEEKS	JULY 5 WEEKS	AUG 4 WEEKS	SEPT 5 WEEKS	OCT 4 WEEKS	NOV 4 WEEKS	DEC 5 WEEKS
MEAN STRENGTH	2395	2391	2387	2383	2381	1943	2493	2478	2467	2452	2447	2440
ALL CASES ADMITTED	96	122	102	161	90	54	230	228	178	118	88	80
DISEASE CASES ADMITTED	76	102	73	134	64	46	160	202	132	66	67	65
INJURY CASES ADMITTED	21	20	29	27	25	8	70	26	46	52	21	15
COMMON RESPIRATORY DISEASE	13	18	12	46	10	2	10	17	22	13	23	20
DIARRHEA CASES	1	39	6	8	3	1	2	15	19	10	9	11

CADET ANNUAL ADMISSION RATE

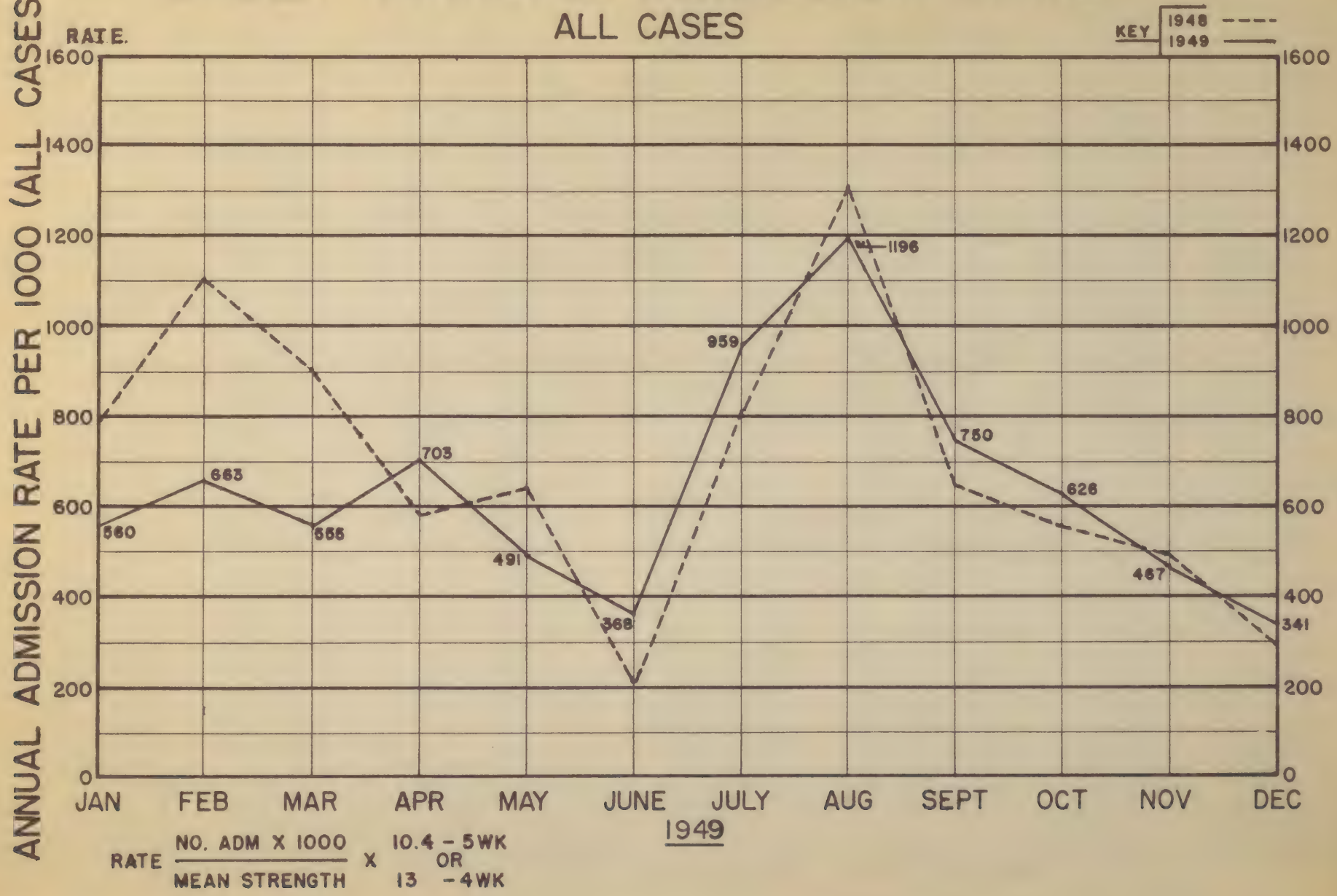


CADET ANNUAL ADMISSION RATE



CADET ANNUAL ADMISSION RATE

ALL CASES



RATE $= \frac{\text{NO. ADM X 1000}}{\text{MEAN STRENGTH}} \times \begin{matrix} 10.4 - 5\text{WK} \\ \text{OR} \\ 13 - 4\text{WK} \end{matrix}$

30. American Red Cross.

a. Mission. The purpose of the Red Cross program is to help patients derive maximum benefit from hospital care by aiding in the solution of their social, economic and family problems and relieving the tedium of hospital life with mutually approved recreation and diversion. It is established and operates under the provisions of AR 930-75.

b. The program is directed by a Red Cross executive who is a medical social worker and whose title is Assistant Field Director. She is professionally responsible to Hospital Services in Eastern Area, administratively responsible to the Military Welfare Service Field Director, and is responsible to the Commanding Officer of the Stebbins Hospital, USMA, for the effective functioning of the program within the hospital.

(1) Social case work service is available to all patients and duty personnel in the hospital. Service may be requested by a serviceman, by a patient himself, by a medical officer, chaplain, nurse or other military authority, a volunteer or by any of the Red Cross Chapters on behalf of the patient's relatives or friends. The patient's need for case work service may also be implied by his condition. Records are kept of any communication, either by letter, telegram or telephone, and of any facts which might be of future value to help the individual served. The Social Service office is regularly open from 0800 hours to 2700 hours. Case work service is available in emergencies 24 hours per day, seven days per week. Services consist mainly of:

(a) Counsel and guidance with personal and family problems. Hospitalization often intensifies old or creates new problems in which Red Cross can be of unique assistance with its direct contact to any community through its 3,763 Chapters. Since many of the enlisted men attached to West Point reside with their families in nearby communities, a close working relationship has been established with the Newburgh Chapter. This Chapter has been especially cooperative in assisting families to obtain follow-up medical treatment recommended by medical officers.

(b) Incidental services range from small minor services to matters of vital importance which may have a close bearing on patient's illness or recovery. Handling money orders, checks and deposits, obtaining notary services, sending telegrams, communicating with their military organizations regarding such matters as leaves, securing information pertinent to pay or having personal effects brought to them in the hospital, are among the small services so numerous and varied it would be impossible to list them completely.

(c) The American Red Cross Assistant Field Director assists with communication between military personnel and their families and with families concerning their health and welfare. During the past year, 142 of the letters were handled in contrast to 256 in 1948. These figures do not include letters written by Red Cross volunteers for patients whose injuries prevent ability to write.

(d) Financial assistance is given by loan or grant to patients and duty personnel without sufficient funds to meet emergency situations. This is only granted with the approval of the serviceman's commanding officer and verification of need. Three loans totaling $145.00

were made for transportation costs because of death or critical illness in immediate families. Forty-three referrals were made to the nearby Pittsburgh Chapter for direct financial assistance to families of servicemen, mainly because of delayed family allowance checks or to enable them to take advantage of improved housing. Only one referral was made as a result of the new Service Compensation Act.

(e) Social information in respect of the request of medical officers to be used as an aid in determining diagnosis, treatment, and ultimate military disposition of patients. Forty-one such reports were obtained in 1946 as opposed to fourteen in 1945. This was due in part to the demonstrated value and better interpretation of the service to the medical officers. Home Condition Reports in connection with applications for dependency discharge or deferment from overseas shipments were requested by the military about routinely, this Bureau finding that a Red Cross report verified applications. Investigations for necessity of emergency furloughs were also routinely requested.

(f) Information was provided concerning Federal and State legislation and other benefits affecting welfare of servicemen and their dependents and assistance given in securing these benefits. Information about and referral to local civilian resources is furnished in numerous instances. A number of requests from medical officers to arrange suitable hospitalization for patients (usually dependents or ex-servicemen) who could no longer be treated here were successfully met.

(g) Communication in connection with families of all patients who are seriously ill and with the permission of the military, the original notification is supplemented by additional information and interpretation. Chapter assistance is offered where presence of relatives is desired and every courtesy in helping them to get settled and find their way about is extended here. Invaluable help in locating much of his in the cases of critical illness was given during the year, and in those cases families who would otherwise have been unable to visit were enabled to do so.

(h) Comfort articles are provided for those patients who have either lost their personal belongings or have been unable to bring them to the hospital. In addition to the usual toilet necessities and cigarettes, each packet of essentials readily were furnished to the ambulatory wards.

e. Recreation service is provided for patients as an adjunct to medical care, affording them an opportunity to function as normally as possible during their hospitalization. It has been developed since 1945 with medical approval to meet the needs and interests of the patients within the limitations of hospital regulations, especially as they pertain to safety and availability of Red Cross staff. The Red Cross lounge is open to patients at all times. The Craft Shop and Library are open daily, Monday through Friday, from 1330 to 1630 hours. Recreation is taken to the wards on schedules observed weekly with the Recreation Officer. Elements of the program include:

(1) Establishing a lounge where patients may relax, read, write letters, play games and listen to music. This is comfortably furnished, with a Gray Lady in charge as hostess during the volunteer visiting hours. Current magazines are available, as well as a Records Section for writing records.

(2) A Craft Shop adjoining the lounge is operated, where felt work, leather work, shell jewelry, and models are offered to the patients. This is a most popular part of the recreation program and had been steadily extended since it was opened in 1947. Projects from the shop are taken to the bed patients by Gray Ladies.

(3) Books from the Special Services Library are circulated. This room is adjacent to the above-mentioned rooms. The Library is open during the hours of volunteer service, and books are supplied to bed patients by the Gray Ladies.

(4) Full-length feature pictures are shown on the ward twice each week to ambulant patients and during summer and vacation periods to cadet patients as well. This part of the program was extended in the latter part of the year to include one evening per week in the new hospital auditorium available to officer and dependent patients, as well as those enlisted personnel first mixed.

(5) Seasonal parties were given in the lounge during the year for the enlisted patients. During the summer, boat trips for adult and enlisted patients on alternate weeks were tested for the first time. Also for the first time, a large Christmas Party was given in the auditorium for all patients and duty personnel attached to the hospital.

(6) Gray Ladies visit the wards daily to chat with the immature or depressed patients, do Post Exchange shopping and supply minor equipment in addition to the crafts and books mentioned above.

d. The efforts of individuals or groups who desire to serve the hospital are coordinated. The Red Cross Auxiliary of the American Red Cross furnishes all volunteer assistance to our program, recruiting and training as its part. Through its Junior Red Cross Chairman, Gray Ladies, cadet and midshipmen are provided for all hallways. In addition, the Auxiliary furnishes daily newspapers for the patients, provides craft materials not available from Navy supply, refreshments for patients' parties, materials for the extensive Christmas program, and meets ensuring minor needs throughout the year. In 1947 and 1948, the Auxiliary requested assistance in this work from nearby universities. However, during the past year it was decided to work programs locally if possible. Various military services on the Post have furnished articles or service for use in the hospital as well, such as excess flowers from the Post Engineer, breadpasteurization for the bed trays and morphine or emergency materials from supply.

e. Space. The social service office is located in the old wing of the hospital on Ward 1, Enlisted Hospital Post. Although the location is central, it is too small to be satisfactory and does not afford the privacy so important in interviews on confidential matters. Two floors above in the same building, three rooms for recreation are allocated to the Red Cross. One is furnished as a lounge with a small office for the Commander Gamber patients from this, and the other is equipped as a Craft Shop. The size of these rooms is adequate for their designated use. A fairly large closet with wash basin opening off the lounge constitutes the only Red Cross storage space. Because this floor of the hospital cannot be reached by elevator, considerable difficulty has been experienced in the handling of supplies and equipment. Program difficulties are mentioned further in this section of the report under "Comments."

f. Equipment and Supplies. The furniture in the recreation lounge was purchased by the military from non-appropriated funds. The American National Red Cross supplies the office equipment and administrative supplies, sewing articles and most of the non-expendable and expendable recreation equipment. Additional recreation supplies are purchased by the Post Motor Ambulance of the Red Cross. The library, since February 1949, has been under the direct supervision of the Special Services Officer, USA, and all books are furnished by him.

g. Personnel. One Assistant Field Director, one Recreation Worker and one clerk-stenographer are on duty in this section. During the month of January 1949, the Assistant Field Director attended an in-service training program at Brooke General Hospital and Miss Margaret Kelly from the Chelsea Naval Hospital was sent as Acting Assistant Field Director. In addition to the above mentioned staff, 30 Red Cross volunteers, of whom 20 are currently active, serve in the hospital. The work of these well-trained women is essential to the program within the hospital as well as valuable in linking the hospital with the past and stimulating interest in its needs and activities. Three of the volunteers serve as Nurses' Aides, assisting in the pediatric and pre-natal clinics. During the war, the number of volunteers was larger and more active, but as need for their services declined, the Corps gradually disbanded. It has been considered valuable, however, to keep it alive in the event of future emergencies. The remaining volunteers were recruited and trained as Gray Ladies, the first class of 21 women having been completed in the Fall of 1947. Interest in the work has been remarkable and cooperation in furnishing volunteers for the training has been excellent. Losses among the Gray Ladies have been solely due to transfer of husbands or pregnancies. A second class was held in 1948, and a third in the Fall of 1949. Both of the Gray Ladies serve one afternoon per week, from 1300 to 1600 hours. Their assignments vary with their individual skills and the changing needs of the hospital. They consist primarily of ward visiting, sewing, instruction in crafts, distribution of library books, arranging and handling mail, playing parties, acting as publicists for the Ward Gaiety Variety Program, and performing many other services directly for or on behalf of the patients. During 1949, service from this group has been more regular, even during the oppressive heat of the summer. In-service training for these volunteers is combined daily, and they are closely supervised in all phases of their work.

h. Changes. The major change in the Red Cross program during 1949 was the assignment of a full-time professional Recreation Worker on 17 October. Prior to this, it had been necessary for the Assistant Field Director to provide patient recreation with the assistance of volunteers. The Recreation Worker will be able to give more wonderful supervision to these volunteers, and skillfully extend the program to meet the patients' recreational needs more completely. The assignment will, in addition, enable the Assistant Field Director to devote more time to the social work needs of the patients and administration of the total program.

i. Comments. The location of the recreation room and the Red Cross pharmacy space are a serious deterrent to extension of many phases of the recreation program. To reach the latter, each step or library, a patient must be able to climb a full flight of stairs, which means that only a percentage of ambulatory patients can use the room, and almost precludes their use by orthopedic patients. The volunteers, too, find the stairs a handicap in carrying equipment to the wards. In the clerking and storage of the large volume of

Red Cross supplies which arrive via express, freight, or car, another serious difficulty is encountered. With the completion of the hospital annex, space on the first below may be made available for Red Cross use during 1950. Painting of the Red Cross rooms has continued to be a problem as well. Cooperation from hospital personnel has been excellent. The long sought assignment of a Recreation Worker should mean extension and improvement in the total Red Cross program during the coming year.

II. Nursing Service.

a. As of 31 December 1949, there were 30 Army nurses and three civilian nurses on duty. The changes in personnel constituting a total of five promotions, nine losses and twenty gains during 1949, were as follows:

Promotions
From 1st Lt. to Captain 2
From 2nd Lt. to 1st Lt. 3

Losses
Transferred to other stations 6
Separated from the service 3

Gains
Recalls to Active Duty 7
Transferred from other stations 13

b. The primary mission of members of the Army Nurse Corps is the rendering of proper nursing care to members of the military. The nursing staff assigned to the Station Hospital is ample to afford optimum nursing care for military personnel. Routine care is also rendered to dependents of military personnel by nurses over and above those needed to maintain the highest standards of nursing techniques in caring for military personnel. In the event that special care is required for patients as dependent status, private duty nurses are employed by a number of the patient's immediate family. This action is coordinated through the Chief Nurse, who maintains a roster of those hospital trained and Practical Nurses who are available for private duty.

c. Personnel practices include eight-hour day duty, with one and one-half days off per week. The night duty hour has been on a twelve-hour per night basis for a period of fourteen consecutive nights, at the end of which time a seventy-two hour pass is granted. The latter arrangement is considered very unfavorable, and plans are under way to reduce the night duty hour to eight hours per night.

d. In-service education is offered in the form of weekly lectures presented by the Medical Staff and Station Commission. In addition, a series of lectures, one each week for a period of six weeks, was conducted by the Chief of Medical Service, the subject being "Medical Developments in Therapeutic Agents." Two nurses attended the course in Hospital Administration at the Medical Field Service School, Fort Sam Houston, Texas. The curriculum included general subjects material for both nurses and hospital administrators, consisting of such subjects as hospital organization and functions, personnel administration, psychology of leadership and a brief orientation to the administration of all departments within an Army hospital. The nursing subjects included principles

of varying administration, network issues in nursing and the principles of supervision and teaching. One nurse attended the Institute in Ward Management and Supervision conducted at the University of Pittsburgh. The Institute staff members, consultants or representatives from a variety of fields of specialization, assisted the students in planning and executing individual investigations of specific problems directly related to the service of each Institute student.

e. With the increase in the Nursing Staff, housing facilities have proved to be a grave problem. The present allocation of quarters provides for the separate housing of 16 nurses and one physiotherapist. The facilities allocated include a kitchen, dining room, laundry room, washing machine, ironing machine and electric heat device. In addition to two reception rooms on the main floor, there are also private living rooms on each of the upper floors. Two nurses, a member of the American Red Cross, and a civilian employee are quartered in rooms that were originally designed as storerooms, and as such are totally inadequate for comfortable living. Two nurses reside at the Thayer Hotel and two in Highland Park. The Thayer Hotel is one mile from the hospital.

f. The various post activities provide a wide range of entertainment for all. The main sports enjoyed in are sledding and bowling in the winter season, and swimming in the summer.

23. Program Distribution System.

a. Purpose. The purpose of WRAF is one of therapeutic nature, that through the medium of radio programs may be brought material to provide information, education and entertainment to the patients of this hospital, to make their stay a more pleasant one.

b. Policy. It is the policy of WRAF to conform with the above statement and with the doctrine set forth in the Department Memo 85-20-1, 26 April 1949, insofar as our limited funds and personnel will permit.

c. Organization. WRAF is located in the west end of the basement of the hospital. WRAF and its associated equipment are designed for the amplification and reproduction of programs through pillow speakers, program speakers (wall), and paging speakers in this hospital. This system can originate programs from recordings or transcriptions in one studio and audibly two FM, AM, or short wave broadcast programs simultaneously. Programs piped in from telephone lines or originated by speech input equipment can also be amplified and broadcast over WRAF. The equipment provides four program channels and one paging channel. Each pillow speaker and wall speaker is provided with a selector switch, so that a patient may select any one of the four program channels. In other words, it is necessary for WRAF to produce through one source or another, four programs on all four channels 24 hours daily. To accomplish this, the organization is divided into two groups, the Program Department and the Technical Department. The Program Department includes all announcing, continuity, music, drama, news service, sports service, program promotion and publicity, program production, music library supervision and the direction, care and maintenance of studios and program equipment. The Technical Department includes control, maintenance, repair and improvements in regard to the records and the complete transmission unit.

d. Power. The operation of station WXXX is extremely dependable because no faults are encountered. Through the course of one week, WXXX has a net total of 345 hours of reception on the air. This means one realizes that there are only 168 hours of station time per week. In order to continue this standard, also the effort to expand facilities to the needs of other broadcasting stations throughout the country, funds are urgently needed for the replacement, maintenance, alteration and modernization of the equipment for the technical department. In addition to the necessary items for the proper department such as records, record covers, filing material, castors, fan dusters, proper provision and reliable and the general progress established of the station. With two or studio facilities, which is one of the primary requisites of a radio station, and this situation causes because of the difficulty in finding which could satisfy the artists and other personnel of the broadcast to participate, can only be accomplished through the facilities of a studio. Children, broadcasting and education, round table discussions, local talent, lectures, quiz programs, hot dance programs, etc., all require the facilities of a broadcasting studio. The overall operation of this station is such that does that to the conditions are very necessary. A high degree of broadcast efficiency can only be had when the funds are made available to aid in this endeavor.

e. Space.

(1) Control Room. The Control Room is the only space that will now accepted. It is the control room, studio, office, files and work room combined. The size of this room is 21' x 11½'. The room which the room now includes covers 75 square feet, and there are some 30 square feet of inaccessible space. The room covers 165 square feet, which leaves approximately 75 square feet in which to conduct the operation and daily duties of the station. The room is not overcrowded. Although there are dozen lamps in the room for this purpose, they never only two are, and the sound still reverberates from the two walls not covered by drapery. The sounds also reverberate from all the equipment in this room. Another disadvantage is the fact that when all the doors are closed and the drapes drawn, anyone speaking in normal tone outside the control room can be heard over the station's channel.

(2) Studio. Although each one mentioned about the need of a development studio above, there is still much to be said from a practical standpoint. Every radio station should include a studio to conduct necessary functions. The patients in this hospital have gained their maximum recreation in this hospital, except radio discussions, interviews, the musical program, and many others. Such programs could be conducted in a sufficiently large studio were available, preferably with connecting rooms.

(3) Offices. With the limited amount of space, there is a small amount of clearance space along the side of the broadcasting units, which are located in the smallest room shown. Check it appears that at present space is provided for two engineers, radio musicians, other miscellaneous and study, time units, dignest boxes and spare parts from the Chief of Engineers.

A high standard of broadcast quality and efficiency will not permit other additional space is provided for the station in the form of a constructed studio. It is not recommended that the location of the control room be changed, but rather improved upon. With an addition of such a studio completely soundproofed, which would be more able to conform with the standards

set forth in paragraph 2a above, and TD Memo 25-30-1, dated 21 April 1947.

f. Equipment.

(1) Technical. The general state of technical condition is good; there are breakdowns occasionally, but they are caused by bad tubes, condensers, transformers, etc., which can be replaced. Difficulties arise when one part of the equipment becomes faulty and cannot be reconditioned through Signal Corps, but must be purchased.

(2) Consols and Transmitters. At the present time, Channel 3 is being carried by an Army tuner TA-200, which is inadequate. As stated in TD 11-6900, 22 March 1946, Channel 3 should be carried with a radio receiver for audio distributing control AN/TSA-1 complete with both radio tuner chassis and power supply chassis.

(3) Recordings. To the equipment of WSSF, as mentioned in TD 11-6900, 22 March 1946, a RE-47D magnetic soundmirror tape recorder has been added. It is in excellent condition, but there exists a small amount of difficulty in matching it to the consols. Nevertheless, the recorder is one of the most useful items of the production department.

(4) Filing. The facilities for filing transcriptions and records are inadequate. Additional cabinets are required. Work order has been submitted for this item, but to date have not been received.

(5) Transcriptions and Records. One of the disadvantages of the present filing cabinet for transcriptions is the fact that the dividers are 11 inches apart, whereas they should be three inches apart. This large difference between the dividers does not provide sufficient support to the transcriptions; as a result, many transcriptions are warped and some beyond use.

(6) Furnishings. The control room is well furnished with the correct amount of furniture, but the appearance of the control room would be more in accordance with a radio station if the furnishings were of different type.

(7) This branch of the post has been most cooperative in the repair and maintenance of technical equipment. The technical section of the Signal Corps has given their full cooperation in connection with remote broadcasts of sports events, lectures, etc. Without the aid of the Signal Corps, WSSF could not operate.

The main difficulty with equipment is not so much functional as operational. Some of the procedure for keeping in routine, record sheets, recording of progress until, with additional equipment, be made more simple. One of the main efforts is to make the control board operation, remote operation and the prompt duties of the station as uninvolved as possible, thus providing more time for production and direction.

g. Personnel.

During the past year, authorization was granted for two additional civilian employees. Two enlisted men of the post are employed as part-

time assistants, paid from Central Post Fund. Even with the aid of the enlisted men, the station is without an attendant for many hours during the day. The enlisted men are only able to work at night and on the week-end when they are free from regular duties. The greatest disadvantage in this respect is the fact that the men are not available when the need for their services are at its height. Another disadvantage is the fact that these men cannot present programs and accomplish filing, shipping, writing, etc., simultaneously.

A further shortage is present in respect to technical personnel. No technicians are presently employed; however, the Signal Corps has occasionally sent men to work on the console, transmitters, remote equipment, etc., but such technical personnel are not always available.

2. Programming.

(1) Networks. National Broadcasting Company, Columbia Broadcasting System, American Broadcasting Company and the Mutual Broadcasting System have been most cooperative. [illegible] receives all advance program schedules, last-minute changes in programming, information, business correspondence, etc., from all the networks, in addition to many independent radio stations in this area.

(2) Recorded Selections. The present library of recorded programs and musical selections is adequate, and is gradually increased by shipments from AFRS in Hollywood.

(3) "Live" Broadcasts. A live broadcast is one during which a minimum amount of recorded material is used and one which is not "picked up" from another source such as a network or radio station. [illegible] is conducting many of these live broadcasts, mainly in the form of remote sports programs and lectures. As many as possible of the athletic events of the post are broadcast. Another type of "live" show (which is half recorded) is the "platter show" which is produced six times weekly. Patients enjoy these shows which afford them the opportunity to make requests.

(4) Scripts. The supply of scripts from AFRS in Hollywood consists at the present time of three programs, in addition to three received last year.

(5) Competition and Local Interest. There are mainly two types of competition to local channels; television and network programs. However, the patients enjoy hearing programs originating at Walla Walla.

(6) Air Time. The station is operated from 0800 to 2300 hours, daily, with the exception of Saturday, when it is extended to 2330. Channels 1, 2 and 3 are on the air during these hours; local Channel 4 at various times during the week, amounting to 30 hours per week.

3. Under the present circumstances, [illegible] is fulfilling its purpose, policy and objective, but not to a high degree of its intended capability. The three obstacles which hinder the objective, a soundproof studio in which to perform station programs; personnel to present programs; and the necessary funds to support this endeavor.

20. Civilian Personnel.

a. Civilian personnel authorized at the Station Hospital, [illegible], is 58; the number of civilian personnel actually on duty at this hospital is 56.

b. During the year 1949, authority was granted by the Office of The Surgeon General for the employment of civilian medical professional personnel in order to alleviate the critical shortage of Medical Corps officers. At the present time, there are 7 civilian physicians on duty at this hospital. Of these, five are employed on a full-time basis and two on a part-time basis. Positions occupied by civilian physicians are as follows:

Position	Civilian Physician	Date Entered on Duty
Chief, Outpatient Clinic	Pascale L. Marrapi, MD	18 Aug 1949
Otorhinolaryngologist	Lamarr O. Cox, MD	20 Oct 1949
Opthalmologist	John H. Finley, MD	9 Sep 1949
Chief, Hyg.Unit, & Inf. Section	Percy Harmon, MD (Part-time)	16 May 1949
Asst. to Chief, Outpatient Clinic	George L. Hoyt, Jr., MD	24 Oct 1949
Chief, Laboratory Service	Vera L. Haleridk, MD	9 Sep 1949
Medical Officer of Day, Weekends	Wendo Mandelstamm, MD (P-T)	6 Jul 1949

Authority was also granted for the employment of seven civilian cooks and one civilian baker. Six civilian cooks and one civilian baker are presently on duty.

c. At the time of its inauguration, 11 December 1947, Hospital Inpatient Maintenance System (AFSC-[illegible]) was authorized one civilian employee. In April 1949, AFSC-[illegible] was redesignated from Class B station to Class A station, and two additional civilian employees were authorized. At the present time, there are two civilian employees on duty in AFSC-[illegible].

d. The following changes were made among civilian personnel at this hospital:

Resignation: (3)

Name	Grade	Position	Replacement
Sidney G. Clyman	GS-12	Medical Officer (General)CP Ove	Lamarr O. Cox
Charles Forman	GS-12	Medical Officer (General) Civilian Health Ove	Donald C. Griffin
John J. [illegible]	WG-3	Janitor	Nicholas C. Severo

Disability Retirement: (1)

William Brant	WG-3	Janitor	Frank A. Venuti

Displacement of Non-Status Incumbent: (1)

Mary V. [illegible]	GS-5	Staff Nurse	Josephine L. Dunn

e. Overtime tours of duty are maintained at a minimum. The Superintendent, USMA, approved regular overtime tours of duty for the following positions for the year 1949:

1 Dental Mechanic
1 Dental Hygienist
1 Meat Cutter
1 Accounting Clerk

f. The following is a roster of civilian personnel on duty at this hospital 31 December 1949:

Name	Grade	Department	Position
Walter B. Doyle	GS-5	Dental Clinic	Dental Mechanic
Doris G. Donaldson	GS-3	Dental Clinic	Dental Hygienist
Frances A. [illegible]	GS-3	Dental Clinic	Dental Hygienist
Dorothy E. Nichols	GS-3	Dental Clinic	Clerk-Typist
Charlotte J. Crosbery	GS-4	Office of Commanding Officer	Secretary (Stenography)
Marjorie D. Coppedge	GS-3	Sgt. Major's Office	Clerk-Stenographer
Harold L. Woolsey	CTO-3	Sgt. Major's Office	Messenger
Debe T. Debrus	GS-3	Surgical Service Office	Clerk-Stenographer
Elizabeth A. Blaney	GS-3	Medical Service Office	Clerk-Stenographer
Florence H. Kalamarides	GS-3	Medical Library	Clerk-Stenographer
Kenneth Paisley	CTO-3	Hospital Police	Janitor
Nicholas G. Severo	CTO-3	Hospital Police	Janitor
Frank D. Rossini	CTO-3	Hospital Police	Janitor
John J. Conley	GS-5	Registrar's Office	Registrar's Asst. (Comp.)
Robert H. Detering	GS-3	Registrar's Office	Clerk-Typist
Thomas DiSalvo	Gr 12, SP 4	Hospital Maintenance	General Mechanic
Peter Vajda	Gr 12, Sp 4	Hospital Maintenance	General Mechanic
Raymond A. Daley	Gr 11, Sp 4	Hospital Maintenance	Painter
Milton Fawcet	GS-4	Medical Supply Office	Property & Supply Clerk
Gertrude A. Feldkamp	GS-3	Medical Supply Office	Clerk-Stenographer
Margaret V. Hanaway	Gr 4, Sp 2	Medical Supply Office	Seamstress
Richard H. Hayes	GS-4	Hospital Mess Office	Accounting Clerk
Anthony E. Carfora	Gr 11, Sp 3	Hospital Mess	Meat Cutter
Joseph J. Catalano	Gr 13, Sp 5	Hospital Mess	Cook
Raymond S. Depue	Gr 10, Sp 1	Hospital Mess	Cook
Frederick Tate, Jr.	Gr 10, Sp 1	Hospital Mess	Cook
Howard [illegible]-Lofield	Gr 13, Sp 5	Hospital Mess	Cook
Raymond J. Miller	Gr 9, Sp 1	Hospital Mess	Cook

Name	Grade	Department	Position
John G. Freyaman	Gr 12, Sp 4	Hospital Mess	Cook
Earl A. Watkins	Gr 11, Sp 5	Hospital Mess	Baker
Samuel Greenberg	GS-5	Pharmacy	Pharmacist
Robert H. Hennessey	GS-6	X-Ray Clinic	Asst X-Ray Tech (Radiography)
Dorcathea M. Shaw	GS-4	X-Ray Clinic	Asst X-Ray Tech (Radiography)
Robert W. Schaffron	GS-4	Physical Therapy Clinic	Physical Therapy Aide
Donald H. Gelston	GS-3	Eye Clinic	Hospital Attendant (Surg)
Mary E. Schmidt, MD	GS-11	Laboratory	Chief, Lab. Svc
Jane A. Watkins	GS-4	Laboratory	Lab. Technician
Madeline M. Berry	GS-4	Laboratory	Lab. Technician
Annette F. Carpenter	GS-3	Laboratory	Lab. Technician
Irene Arey	GS-3	O.P. Ward	Hospital Attendant
Daisy L. Gainey	GS-3	O.P. Ward	Hospital Attendant
Donald C. Griffin	GS-12	Civilian Health Service	Med.Off.(General)
Doris S. Folland	GS-5	Civilian Health Service	Staff Nurse (Emerg. Room)
William F. Sherry	GS-6	Radio Station WVMA	Radio Info Specialist
Roland E. Cayaloli	GS-7	Radio Station WVMA	Radio Info Specialist
Francis E. Darragh,MD	GS-12	Outpatient Department	Chief,OP Dept
George L. Hays, Jr.,MD	GS-12	Outpatient Department	Asst to Chief, OP D
Peggy Harmon, MD	GS-12	Outpatient Department	Ch,Phys Exam & Imm Sec
Opal G. Archibald	GS-5	Outpatient Department	Staff Nurse
John H. Finley, MD	GS-11	Eye Clinic	Ophthalmologist
Lawson G. Orr, MD	GS-12	ENT Clinic	Otorhinolaryngologist
Doris Rendelsman, MD	GS-12		Medical Medical Officer of Day
Katherine L.M. Lesly	GS-5	Ward Duty	Staff Nurse
Helen M. Adair	GS-5	Ward Duty	Staff Nurse
Muriel A. Hopkins	GS-5	Ward Duty	Staff Nurse
Jacqueline Dunn	GS-5	Ward Duty	Staff Nurse

34. Medical Detachment, 2822d Special Regiment, USMA.

a. The purpose of the Medical Detachment, 2822d Special Regiment, USMA, West Point, New York, is to provide the enlisted personnel for the Station

Hospital, West Point, New York, and to administratively ascertain that their duties as clerks, technicians, mess attendants, ambulance drivers and janitors in the various departments of the hospital are efficiently conducted.

b. Normal duty hours for Medical Detachment personnel are from 0700 to 1900 hours, daily, Monday through Friday, and from 0700 to 1300 hours on Saturday. A weekend detail of approximately fifty per cent of the personnel is employed from 1300 to 1900 hours on Saturday, and from 0700 to 1900 hours on Sunday of each week.

c. The period from 1900 to 0700 hours daily is the normal "off duty" time for the major portion of the personnel. During these hours, the hospital is staffed with a detail of eleven men, consisting of one Sergeant of the Guard, one Laboratory Technician, one Surgical Technician, one X-Ray Technician, one Emergency Man, three Night Ward Men, two Ambulance Drivers and one Night Cook.

d. The duties of the enlisted personnel have been varied and numerous. They were utilized in administrative offices, technical clinics and wards, as cooks and mess attendants, ambulance drivers and in janitorial positions. All enlisted men, regardless of their duties, are reminded consistently as to the importance of their primary role, that of caring for the sick and safeguarding the health of all persons at West Point.

e. In addition to the duties normally demanded of the personnel of any Army hospital, there are numerous additional activities at this post. For approximately eight months of the year, ambulances and aid men stand by, while either the Corps of Cadets or enlisted troops fire on any, or all, of the approximately 25 ranges on the reservation. In the spring and early summer an instructor was furnished to aid medical officers in the instruction of First Aid and Field Sanitation to the Corps of Cadets. The cadets were also instructed on the subject of Personal Hygiene. A detail of seven men and the Detachment Commander devoted approximately 40 hours in the organization and demonstration of a Battalion Aid Station. Ambulances and aid men were furnished for varsity, plebe, and junior varsity football, hockey, soccer and lacrosse games and practices. Four aid men and two cooks were sent on the one hundred mile march taken by the plebes. During the summer months one enlisted man was detailed on full-time duty in conjunction with the mosquito and insect-control of the reservation. All of the above-mentioned, plus details for the evacuation of patients to the hospital in the First Army Area, and additional men for cadet physical examinations, are required of the Medical Detachment.

f. For a period of 15 days every two months, one Charge of Quarters is furnished from this detachment for building 667.

g. The enlisted men of the Medical Detachment and Detachment Administrative offices (Office of the Commanding Officer, Orderly Room, Supply Room) moved to building 667 in the North area of the post in September 1949, to provide additional space for the WAC Detachment and new hospital mess. The enlisted men are billeted in two squadrooms and four NCO rooms. Building 667 consists of three floors and a basement. The orderly room, Office of Commanding Officer and detachment supply are located in the basement. Mess personnel are billeted in a squadroom on the first floor and others are billeted in a squadroom on the second floor, with eight NCO's billeted in NCO rooms.

h. Each enlisted man has the full allowance of clothing and equipment, and those having a large amount of civilian clothing are authorized more than one wall locker. The day room is furnished with upholstered lounging chairs, magazine and tables and chairs, two bookcases, two billiard tables and a ping pong table, and a trophy case.

i. With the arrival of the WAC Detachment in February 1949, the authorized strength of the Medical Detachment was reduced from 139 enlisted men to 87 enlisted men; therefore, many enlisted men were declared surplus and transferred to other stations. All enlisted men were removed from the Registrar's Office and Ward 50. All but one enlisted man was removed from the Dental Clinic. The authorized strength has recently been increased to 90 enlisted men. During the year 1949, there has been an 87% turnover of personnel.

j. Recreation and sports have been encouraged and equipment such as basketball, baseball and pool supplies have been purchased from the Exit Fund.

k. An Ambulance Platoon (3670th) from the 82nd Airborne Division was attached to this organization during the summer months for duty with the Corps of Cadets at Camp Buckner.

l. Since its activation, the 1903rd Special Regiment has carried in great part the administrative work of the Medical Detachment. Personnel procedures, custody and preparation of Service Records and other personnel records, clearances, enlistments, retirements, Reserve and Special Courts Martial, classification, inspections, are a few of the functions performed by 1903rd Special Regiment for the Medical Detachment.

m. Garrison rations became effective 1 July 1949. Garrison savings were considerable and enlisted personnel benefitted therefrom by obtaining additional food, candy and cigarettes. Several parties were also organized with funds from garrison ration savings.

n. Expenses of newspapers, telephone charges, and other items required by the WAC Detachment had been defrayed from the Medical Detachment Unit Fund until 19 October 1949. At that time, the total expenditures for the WAC Detachment were deducted from the total dividends received for the WAC Detachment by the West Point Post Exchange Fund, and balance submitted to the WAC Detachment.

o. Comments.

(1) The greatest difficulty was to furnish enlisted men for extra details, such as specials for patients, details for moving enlisted men of this organization to quarters on the post, police of dining rink, cleaning of service club and Red Cross rooms, policing of football field after games, snow details, various trips to other hospitals as aid men to patients transferred, and bus escorts for the service club.

(2) Garrison rations became effective 1 July 1949, and with ration savings several parties were given. On 1 December 1949, the Medical Detachment Mess was dissolved and enlisted men were attached to the Hospital Mess for rations.

(3) It is believed the morale of the organization has been greatly increased by the following:

(a) Weekly inspections have been given, with a prize of $3.00 awarded the enlisted man having the best display.

(b) The number of men detailed for emergency duty has been decreased from two to one, thereby decreasing the number of times per month an individual must devote to 16 hours extra duty.

(c) One laboratory technician has been placed on permanent night call, decreasing the number of hours of laboratory personnel.

(d) By revising the schedule of garage personnel, the number of hours per man has been reduced by approximately 80 duty hours per month.

(e) Other positions have been surveyed to locate possible reductions in number of duty hours. For instance, it was found that the pharmacy technician was on duty every other Sunday. Since his duties were not required every Sunday, it was deemed unnecessary for him to work on that day.

(f) Enlisted men performing duties not within their military occupational specialty have been either changed to jobs requiring their MOS or declared surplus, and replaced by appropriate enlisted personnel.

(g) Enlisted men have been encouraged to attend service schools, and during such times as the manpower shortage was not too critical, they were encouraged to take leave.

(h) Since medical technicians performed excessive janitorial duties, duty soldiers have been transferred into the T/O to accomplish janitorial work duties.

35. Ambulance Section.

a. All supplies issued locally are now transported to the hospital by the Ambulance Section, the Quartermaster Corps having been relieved of that responsibility. Transportation of military personnel on duty at the Station Hospital, USAH, is also another duty assigned to the Ambulance Section. The Captain or his assistant now make house calls in a Chevrolet four-door sedan; sick and wounded are transported by Dodge Field Ambulances or Cadillac Metropolitan ambulances. Personnel transportation is normally done with a converted ambulance, and supplies are carried in a 3/4-ton or 2½-ton truck.

b. Mission. The mission of the ambulance Section is to provide transportation for the sick and wounded treated at the Station Hospital, USAH, and to operate vehicles required by the supply and administrative functions related thereto.

c. Duties. Two officers, in addition to his other duties, and eight enlisted men from the Medical Detachment, 1000d Special Regiment, are regularly detailed to the Ambulance Section, with 24-hour coverage daily. They are qualified motor vehicle operators and receive regular instruction in the transportation of sick and wounded.

d. Maintenance. Enlisted men on duty with the Ambulance Section perform first echelon maintenance of vehicles. Higher echelon maintenance is performed by USAF Transportation Corps and USAF Ordnance Departments.

e. Quarters. Quarters for enlisted men on emergency ambulance duty are provided in building No. 1, adjacent to the Hospital Motor Pool. Three enlisted men are also regularly quartered in the same room.

f. Personnel. During the calendar year 1945, there have been 24 enlisted men assigned to the Ambulance Section. At present, eight men are assigned to this service, the strength of that section having been maintained by the assignment of qualified drivers since 1 December 1945. Between 1 January and 30 November 1945, the turnover was 200% of the authorized number. Losses were due to transfers and discharges. During the summer months, the assigned strength increased to one single enlisted man, but fortunately, an Ambulance Platoon consisting of 32 enlisted men and 11 vehicles from 82nd Airborne Division was attached, and their personnel occupied the vacancies.

g. Work Schedules. The schedule for enlisted men assigned to the Ambulance Section require each man to work approximately 66 hours per week, provided the strength remains at the authorized level. Because of the large turn-over, the drivers have worked as many as 124 hours per week. However, these hours were not all duty behind the wheel, but were spent in part "on call."

h. Work Load. The work load of the Ambulance Section has been increased considerably since the Medical Detachment moved to Building 627, and transportation of nurses is afforded between the Hotel Thayer and the hospital.

i. Extra Details. Since the "on duty" time of the drivers is not spent entirely behind the wheel, that section is frequently requested as a source of personnel available for various details, such as loading and unloading trucks for the Detachment, Medical Supply, police details, and other physical exertion details.

j. Equipment. The following equipment is operational and used by the Ambulance Section:

3 Ambulances, Field, 4 x 4, Dodge
2 Ambulances, Metropolitan, 4 x 2, Cadillac
1 Sedan, 4 x 2, 4-door Chevrolet
1 Truck, 4 x 4, 1/4 ton
1 Truck, 4 x 4, 3/4 ton
1 Truck, 4 x 4, 1½ ton

Additional equipment is drawn when required from the T.O. Motor Pool. Each ambulance is equipped as indicated by Hospital Regulations 15-60, and frequent inspections are conducted to insure that the equipment is functional and in good order.

36. Hospital Police.

a. At the present time three male civilian employees are assigned to the Hospital Police Section; the duties consist of policing all thoroughfares, and during duty hours keeping outside walks swept and shoveled in case of snow.

b. At the present time, no man is regularly assigned to the maintenance of the hospital lawns; however, enlisted men of the Medical Detachment are given this detail in their spare time. This arrangement is not satisfactory since no one but the Hospital Police Officer is directly responsible for the upkeep of the grounds, and without personnel, his task is highly impracticable.

c. An additional detail to the Hospital Police was the maintenance of the Infirmary and the Bunker. When the strength was decreased, and the Medical Detachment moved to another building, no provisions could be made for these duties.

d. Recommendation. It is recommended that WAC spaces and MP's be allotted to the Hospital T/O for the purpose of general policing and upkeep of the grounds and of the Infirmary and Bunker.

e. Equipment. The usual complement of buckets, mops, brushes, electric sweepers, rakes, lawn mowers, is carried on the Hospital Police Officer's account in sufficient quantity to accomplish the assigned mission.

IV. WAC Detachment.

a. The WAC requisition for WAC personnel was approved by the Department of the Army on 11 October 1944. In implementation of the decision, a procurement directive was issued on 7 January 1945 to the Commanding Officer, WAC Training Center, Camp Lee, Virginia, through the Commanding General, Second Army. The WAC Detachment was activated as a unit of the AAFSD Special Regiment, WTF, effective 1 February 1945, with an authorized strength of two officers and 50 enlisted women, in accordance with General Order No. 1, Headquarters, W.T.F., dated 25 January 1945.

b. Housing.

(1) When WACs were requested in January 1945, it was contemplated that they would be housed in Building No. 664, with an overflow and offices perhaps in Building 668. These buildings are located in the recreational barracks area at the South end of the post. Upon the later revision of plans to limit assignment of WACs to the Station Hospital only, a decision was made to house all WAC enlisted personnel in the rear wing of the Station Hospital, on the third floor. All three floors of this wing had previously been occupied by members of the Medical Detachment. In accordance with this plan, all activities of the WAC unit were centered in the third floor area, including orderly, supply and day rooms. Only a minimum of adjustment was made to the building. No partitioning was contemplated. These accommodations had been inspected by the WAC Staff Advisor of the First Army Area and declared adequate. The Medical Detachment consolidated its barracks on the second floor, continuing to utilize the first floor for administration, messing and recreation. In the interests of economy, a separate mess for WAC personnel was not established. From its activation until 1 December 1945, the personnel were fed by the Medical Detachment, and enjoyed a proportionate share of ration savings. On 1 December, the Medical Detachment mess was closed, and all enlisted personnel commenced messing in the Consolidated Hospital Mess.

(2) When the first enlisted personnel for the WAC Detachment arrived, a roster of the location was made. It was found that over-crowded conditions existed, and in addition, many necessary facilities were completely lacking. The following requirements were indicated:

(a) Sufficient Squad Room Space.
(b) Theater Seat for Night Duty Personnel.
(c) Four WAC Rooms.
(d) Orderly Room.
(e) Office of Commanding Officer.
(f) Supply Room.
(g) Day Room.
(h) Mess Room.

(3) A plan was organized to provide the above facilities, and approved on 25 August 1940. Considering temporary limitations, the plan provided for the maximum improvement possible in view of the permanent structure of the building. Total cost of improvement was approximately $3,500. In accordance with the plan, the Medical Detachment was moved to other quarters, the WAC Detachment vacated the entire second and third floors. (When completed, the consolidated kitchen and dining room of the Hospital Mess will occupy the first floor.) The new WAC barracks were occupied on 1 October 1940.

c. Equipment and Supplies.

(1) On its activation in January 1940, an automatic washing machine and dryer were procured for the WAC unit from the Post Central Fund.

(2) On 21 March 1940, application was made by Headquarters, T.A.C.H., to the Commanding General, First Army, for a grant of $3,338.40 from the Army Central Welfare Fund for the purchase of day room furniture for the WAC Detachment. This application was approved by Letter dated 26 April 1940. The furniture was ordered, and it arrived by 7 May 1940.

(3) A television set was provided each detachment from the Headquarters Fund, 1300th Special Regiment. That for the WAC Detachment was received on 30 June 1940.

(4) Minor equipment, such as draperies and pictures, for the reception areas have been purchased from time to time throughout the year as unit funds permit.

(5) Billiard rooms occupying WAC areas are permitted to operate at their own expense, and generally in accordance with their own wishes. Such policy is believed to stimulate individuality and provide a home-like atmosphere to the barracks area.

d. Personnel and Administration.

(1) In the procurement directive cited above, the WAC Training Center was provided with the complete requirement for the Unit with oral directive to select personnel. In addition to the order, twenty enlisted women were to be chosen immediately from women normally undergoing basic training to be sent to TCHA by 21 January 1940. The Station Hospital had agreed to train this group on-the-job. Skills involved were physical therapy technician, dental laboratory

technician, dental technicians, x-ray technicians and food service operations. The remainder of the requirements was to be met in increments, as trained personnel became available, the total to be attained by 30 April 1949. The skills for this latter group were cooks, Administrative MOSs, clerk typists, medical laboratory technicians, x-ray technicians, surgical technicians, and mess stewards.

(3) A very high standard was expected for the enlisted women at West Point. Accordingly, personnel were required to pass the following qualifications:

(a) Excellent military bearing.
(b) Thorough knowledge of military customs and courtesies.
(c) Neat, attractive appearance.
(d) Age below 30 years for majority of personnel.
(e) Pleasing personality.

(3) In selecting the enlisted women, to meet the WAC requirement, it was found that food service personnel were not available. This would reduce the WAC unit to a total of 43 enlisted women. Prior to the actual publication of a Table of Distribution, however, it came to the attention of appropriate authorities that personnel assigned to West Point were required to work excessively long hours, frequently seven days per week. Action was taken by the Quartermaster in May 1949 to increase the number of WAC enlisted and Corporal Technicians by fourteen, thus bringing the authorized strength of the WAC detachment back to the 50 originally planned.

(4) A Table of Distribution was published on 1 July 1949 for the WAC Detachment (see attached). With a few minor changes in MOS, this table remains in effect at the present time. By letter, dated 7 December 1949, the Superintendent, USMA, made reference to paragraph 54, SR 615-220-3, Department of the Army, dated 13 March 1948, and recommended a revision thereto, to specify qualifications of WAC enlisted women for assignment to USMA. These qualifications are as follows:

(a) All Personnel.

1. Character and efficiency - excellent or better.
2. Skill score of at least 100.
3. Fully qualified in MOS.
4. No convictions by Court Martial during current enlistment.
5. Waiver of one year of service remaining on current enlistment.
6. Neat attractive and feminine appearance.
7. Will not vary significantly from the standard weight established for service women in table, paragraph 12a, AR 40-100, dated 6 April 1945.
8. Pleasing personality.
9. Volunteer for assignment for U.S. Military Academy.

(b) Additional qualifications for personnel of the first three grades:

1. Demonstrated ability in leadership.
2. Accepts responsibility.

(5) A roster of all personnel assigned to the WAC detachment since its activation is attached.

(6) The detachment is administered by ten officers and three enlisted women, a Company Commander, Executive and Supply Officer, 1st Sergeant, Supply NCO and Company Clerk. By mutual agreement between the Commander, AAFSD Special Detment, and Commanding Officer, Station Hospital, the Executive and Supply Officers is utilized by the hospital for one-half of her time.

a. Training.

(1) The first increment of enlisted women to arrive at the Station Hospital received both classroom and on-the-job training. Classes were conducted for medical and surgical technicians under the supervision of the Chief Nurse.

(2) Due to the lack of availability of school-trained x-ray technicians, two qualified medical technicians were selected and trained by the Chief of the X-Ray Service.

(3) The large part of personnel assigned since March 1945 have received very little training prior to arrival. A few with the exception of dietitian schooling have arrived directly from basic training.

(4) Qualified WAC personnel are being sent continuously to service schools for two purposes:

(a) To meet requirements at this installation.
(b) For personal advancement of the individual.

(5) Selected personnel, particularly those assigned to mess and laundries, are being trained in more advanced technical duties.

c. Comments.

(1) After a period of eleven months, it can be stated without reservation that the establishment of a WAC unit at the U.S. Military Academy has been highly successful. Considerable improvement has been noted in the efficiency of the hospital. Many favorable comments are received from patients and visitors, and male and female enlisted personnel work together in harmony.

(2) It must be remarked that the WAC unit was not received so well. There was considerable antipathy on the part of many "old timers" to the placing of female soldiers at the Academy. This feeling was not approved by many enlistments upon release on a national scale. As a result, the thirteen enlisted women in the original increment developed a somewhat hard and lonely attitude. Now after eleven months, the morale of the WAC group is generally high. They have accommodated themselves to their rather austere surroundings with a spirit of cheerful dignity.

(3) The high standards of personal conduct have been beneficial, and should be continuously maintained.

(4) There has been a relatively large turn-over in WAC personnel. Such a turn-over is believed to be due to several factors:

ROSTER OF WAC DETACHMENT SINCE ACTIVATION

I. Officers

NAME	PRESENT GRADE	ASN	DATE JOINED	DATE DEPARTED	REASON
Robertson, Edythe L.	Captain	L 601 226	2 Feb 49	17 Feb 49	Relieved as Acting C.O.
Trulock, Sue B.	Captain	L 188	17 Feb 49	PRESENT COMMANDING OFFICER	
McGovern, Alice E.	2nd Lt.	L 1 010 035	20 Apr 49	PRESENT EXECUTIVE OFFICER	

II. Enlisted Women

NAME	PRESENT GRADE	ASN	DATE JOINED	DATE DEPARTED	REASON
Anselmi, Jean D.	Pvt	WA 8 600 059	25 Sept 49		
Baker, Betty L.	Pvt	WA 8 200 704	11 Dec 49		
Bales, Mary S.	Pfc	WA 8 600 006	3 Feb 49	17 May 49	Transfer
Bartlow, Elizabeth M.	Cpl	WA 8 100 035	2 Feb 49		
Benoit, Catherine T.	Pvt	WA 8 500 918	20 Nov 49		
Brenner, Patricia	Pfc	WA 8 500 106	18 Mar 49	24 Apr 49	Compassionate
Callas, Elizabeth C.	Pfc	WA 8 102 660	18 Apr 49		
Campaniello, Jill C.	Pvt	WA 8 500 200	8 Apr 49	2 Aug 49	Compassionate
Carey, Patricia E.	Pfc	WA 8 500 136	9 Mar 49	16 Dec 49	Det of Patients
Carpenter, Elizabeth	Sfc	WA 1 001 895	2 Feb 49	27 Oct 49	Transfer
Cook, Wilma G.	Pvt	WA 8 319 016	11 Dec 49		
Cowart, Ruth J.	Pvt	WA 8 304 023	11 Dec 49		
Crume, Martha F.	Pfc	WA 8 201 020	3 Feb 49	21 Sep 49	Discharged-Marriage
Cutting, Evelyn L.	Cpl	WA 8 500 024	2 Feb 49		
Deutschen, Adelaide	Pfc	WA 8 106 010	25 May 49	6 Sep 49	Det of Patients
Dowd, Lorraine J.	Pfc	WA 8 500 490	25 May 49		
Dulin, Lois M.	Cpl	WA 8 307 004	2 Feb 49		
Dreyer, Anna M.	Pvt	WA 8 601 547	11 Dec 49		
Dunn, Jeane B.	Pfc	WA 8 201 056	23 Feb 49	25 Sep 49	Transfer-O.C.S.
Edwards, Elizabeth L.	Pvt	WA 8 109 781	9 Jul 49		
Gill, Doris D.	Pfc	WA 8 600 543	25 May 49		
Gilliam, Mary L.	Pfc	WA 8 500 132	2 Feb 49		
Edwards, Shirley H.	Pvt	WA 8 306 014	19 Jul 49		
Grant, Margaret L.	Pfc	WA 8 103 654	3 Feb 49	28 Sep 49	Discharged-Marriage
Green, Billye V.	Pfc	WA 8 500 120	18 Apr 49		
Green, Joyce C.	Pfc	WA 8 101 712	9 Jul 49		
Grote, Edna L.	Cpl	WA 8 500 162	3 Feb 49		
Gushue, Barbara A.	Pvt	WA 8 109 928	24 Nov 49		
Hall, Evelyn J.	Pvt	WA 8 500 337	5 Jul 49		
Hanson, Mary L.	Pvt	WA 8 103 707	16 Sep 49		

NAME	PRESENT GRADE	ASN	DATE JOINED	DATE DEPARTED	REASON
Harper, Betty J.	Pvt	WA 8 602 203	16 Sep 49		
Harrison, Barbara A.	Pvt	WA 8 500 701	9 Jul 49		
Hart, Marjorie D.	Cpl	WA 8 500 143	2 Feb 49		
Henry, Dorothy E.	Cpl	WA 702 414	3 Sep 49		
Higdon, Edna M.	Pvt	WA 8 312 014	21 Sep 49		
Hogan, Catherine A.	Sgt	WA 910 296	14 Jul 49		
Hutton, Wilhelmina	Pvt	WA 8 109 747	25 Oct 49		
Jameson, Margaret E.	Pfc	WA 8 304 070	17 May 49		
Johnson, Louise V.	Cpl	WA 8 600 701	9 Mar 49		
Kaste, Loretta J.	Pvt	WA 8 500 866	15 Oct 49		
Keifer, Dorothy D.	Pfc	WA 8 500 047	21 May 49	8 Nov 49	Discharged-Marriage
Kein, LaVerne E.	Pfc	WA 8 500 211	23 Dec 49		
Koenig, Wanda M.	Cpl	WA 527 045	25 Mar 49	5 Aug 49	Overseas Shipment
Lang, Wilma N.	Cpl	WA 8 601 301	23 Feb 49	13 Jan 50	Overseas Shipment
Marinho, Dolores F.	Pvt	WA 8 106 024	11 Dec 49		
Martino, Rita M.	Pfc	WA 8 201 092	25 May 49		
Matthias, Anna M.	Pfc	WA 8 200 001	9 Mar 49	5 Aug 49	Overseas Shipment
Mello, Mary U.	Pfc	WA 8 101 295	5 Jul 49		
Miller, Mildred L.	Pvt	WA 8 402 069	2 Dec 49	6 Jan 50	Det of Patients
Miller, Sarah W.	Cpl	WA 401 835	4 Apr 49	29 Aug 49	Overseas Shipment
Mitchell, Peggy J.	Pvt	WA 8 402 574	5 Jul 49		
Montano, Dora C.	Pvt	WA 8 403 064	9 Aug 49		
McKinney, Joan	Pfc	WA 8 201 002	23 Feb 49	15 May 49	Transfer
Oberly, Nancy E.	Pfc	WA 8 201 104	5 Jul 49		
McCleary, Jeannette E.	Pvt	WA 8 500 064	21 May 49	13 Jul 49	Discharged-Marriage
Peltier, Lucille O.	Pfc	WA 8 103 675	5 Jul 49		
Pickerel, Grace M.	S/C	WA 414 196	23 Feb 49		
Redding, Glenda J.	Cpl	WA 8 500 225	25 Feb 49		
Rich, Margaret R.	Pfc	WA 8 108 587	5 Jul 49		
Robb, Margaret R.	Cpl	WA 8 315 000	2 Feb 49		
Robertson, Florence E.	Pvt	WA 8 202 581	2 Feb 49	20 Mar 49	Transfer
Ross, Kathryn E.	Sgt	WA 409 349	23 Feb 49	19 Jul 49	Overseas Shipment
Rowe, Laura J.	Pfc	WA 8 500 006	9 Mar 49	16 Aug 49	Overseas Shipment
Roybal, Evelyn	Pvt	WA 8 501 127	11 Dec 49		
Kelly, Dixie E.	Cpl	WA 8 500 035	2 Feb 49		
Saldana, Rita	Pvt	WA 8 403 357	4 Oct 49		
Schwalbach, Helen M.	Pvt	WA 8 500 939	15 Oct 49		

NAME	PRESENT GRADE	ASN	DATE JOINED	DATE DEPARTED	REASON
Scott, Helen R.	Cpl	WA 802 944	10 May 49	2 Aug 49	Overseas Shipment
Sells, Rosemary	Pfc	WA 8 315 001	4 Apr 49		
Severson, Alice B.	Pvt	WA 8 601 546	11 Dec 49		
Stefanak, Josephine A.	Pvt	WA 8 201 273	24 Nov 49		
Strutzenberg, Jewel A.	Cpl	WA 8 500 190	2 Feb 49		
Sughrue, Arlene P.	Pfc	WA 8 110 055	5 Jul 49		
Truex, Helen J.	Pfc	WA 8 205 450	23 Feb 49	2 Aug 49	Overseas Shipment
Weir, Annie M.	Pvt	WA 8 602 022	18 Apr 49	12 May 49	Transfer
Whitman, Virginia M.	Cpl	WA 8 101 182	23 Feb 49		
Whitbeck, Margaret A.	Pfc	WA 8 107 952	5 Jul 49		
Willis, Bernice	Pvt	WA 8 401 580	8 Jul 49		
Wilson, Mary E.	Cpl	WA 8 500 161	22 Mar 49		
Winterode, Darlene L.	Pvt	WA 8 600 537	4 Apr 49	13 Oct 49	Compassionate-Transfer
Wolf, Shirley A.	Pvt	WA 8 500 [illegible]	21 Sep 49		
Workinger, Bonnie B.	Pfc	WA 8 402 055	4 Apr 49	2 Nov 49	Discharge-Marriage
Yovich, Catherine	Cpl	WA 8 500 035	18 Mar 49		

TABLE OF DISTRIBUTION
No. 400-1507.1

U. S. Military Academy
West Point, N.Y.
1 July 1949

WOMEN'S ARMY CORPS DETACHMENT
1302d SPECIAL DETACHMENT
United States Military Academy

1	1	2	3	4	5	6
1	Unit	Specification Serial Number	Total Detachment	Detachment Headquarters	Station Hospital	Remarks
2	Captain		1	1		Zone - V
3	Detachment Commander	2000	(1)	(1)		
4	Total Commissioned		1	1		
5	Master Sergeant		1	1		
6	First Sergeant	502	(1)	(1)		
7	Sergeant First Class		3		3	
8	Administrative	502	(1)		(1)	
9	Dental Assistant	855	(1)		(1)	
10	X-Ray Technician	264	(1)		(1)	
11	Sergeant		6	1	5	
12	Administrative	502	(1)		(1)	
13	Dental Assistant	855	(1)		(1)	
14	Medical	673	(1)		(1)	
15	Medical Laboratory Technician	852	(1)		(1)	
16	Physical Therapy Technician	872	(1)		(1)	
17	Supply	821	(1)	(1)		
18	Corporal		13	1	12	
19	Clerk, company, administrative	630	(1)	(1)		
20	Clerk, typist	405	(2)		(2)	
21	Dental Laboratory Technician	867	(1)		(1)	

TABLE OF DISTRIBUTION
No. 400-1507.1

	1	2	3	4	5	6
22	Medical Laboratory Technician	898	(2)		(2)	
23	Medical Technician	409	(5)		(5)	
24	Surgical Technician	860	(1)		(1)	
25	X-Ray Technician	761	(1)		(1)	
26	Private First Class		33		33	
27	Clerk, general	055	(6)		(6)	
28	Clerk, typist	405	(4)		(4)	
29	Dental Assistant	855	(5)		(5)	
30	Medical Technician	409	(17)		(17)	
31	Surgical Technician	863	(1)		(1)	
32	Total Enlisted		56	3	53	
33	Total Commissioned		1	1		
34	Aggregate		57	4	53	

(a) Overseas dispersion.
(b) High standards established for the unit.
(c) Sequential transfers - the result of marriages to service personnel stationed at other locations, and caused by individuals not having desired assignment to USMA with spouse. Separation.
(d) Marriage and pregnancy.

(5) The problem confronting the detachment and hospital to continue other medical units in the task of a career program for Medical and Surgical Technicians. This group are required to spend a good portion of duty time performing ward or less medical tasks. Unless considerable incentive is offered for both technical and financial advancement, this group of personnel becomes dissatisfied, resulting in reversions, transfers and reduced re-enlistments.

XI. Projects completed during the year 1945 are as follows:

a. Glass (ultra violet) enclosed solarium on the roof of hospital completed in winter, at a cost of $39,000. Installation of heating system, $4,500. Funds: General Hospital Fund.

b. Eight diet kitchens renovated and equipped with stainless steel boilers, ovens, griddle, hot plates, dishwashers, sinks, refrigerator, food carts, trays and metal food carts. Funds: National Supply and General Hospital Fund.

c. Air conditioning system for laboratories, Out-Patient Clinic, Physical Reconditioning Section and Radio Station, all located in basement of main building. Funds: Military Academy.

d. Venetian blinds for majority of windows of hospital. Funds: General Hospital Fund.

e. Construction of additional fire escapes. Funds: Military Academy.

f. Acquisition of new equipment and furniture from Ft. Totten General Hospital. Funds: General Hospital Fund and National Supply.

g. Murals on walls of Nursery.

h. Installation of bed outlets throughout hospital. Funds: National Supply.

XI. The following projects are now in progress:

a. Consolidated hospital and detachment kitchen. Funds: Military Academy.

b. Venetian blinds for remainder of hospital. Funds: Hospital Fund.

c. Renovation of old kitchen space for Registrar's Office, Radio Station Studio, barber shop, post exchange, Medical Supply storage, conference room, Officer of the Day quarters and new ambulance entrance. Funds: Military Academy.

d. Awaits for roof sojourn to solarium. Funds: Central Hospital Fund.

e. Glass roofing of ambulance loading area.

42. The following changes in administration and policy occurred during 1949:

a. Department of the Army approval obtained for performing thyroid examinations of First Class Cadets for enrollment in Summer, rather than in March.

b. Appointment system for all outpatient visits.

c. Identification cards for all personnel other than active military.

d. Utilization of civilian doctors in lieu of medical officers, including one female doctor.

43. Comments.

a. The hospital and Medical Department activities of the post have been maintained at a high standard of efficiency. The care of the sick and injured has been accomplished in accordance with the highest standard of medical service. Problems have been solved without major difficulties, the shortage of medical officers was overcome with intensive recruitment of civilian doctors through the deans of medical schools of New York, New York Academy of Medicine, professional associations' service and contact with reserve officers in this vicinity. The hospital is entirely adequate for the needs of the post and garrison; hereditary facilities are superior for present requirements. Space is available for increasing bed capacity to double the present, but supporting facilities will not allow permanent expansion. A modernization program, which was started two years before the visit of present Air Force and Army Equipment Boards, accomplished most of the required changes in equipment and facilities by the end of 1949. Although present building is the result of many additions by the original builder, the hospital is capped. Maintenance is always a problem, especially with an old heating system. The electrical system is overloaded and will not permit use of many of the present appliances.

b. Medical coverage is adequate, but owing to the weight of clinic interference with treatment of military personnel. Inpatient load is fairly stable, but extra hospital activities may almost require considerable readjustment of personnel. There are no dispensaries on the post except those at Camp Buckner during the summer; therefore, all patients are seen in the Outpatient Clinic of the hospital. Other than those for separation from the service, few patients are transferred to other hospitals. Officers, nurses and enlisted personnel have been adequate throughout the year, and funds for equipment have been sufficient. With the completion of the new consolidated kitchen in March 1950, there remains only one major project, namely, that of remodeling the old kitchen space for other uses. Support from the Academy has been generous. All married and dental officers have, or have been offered, quarters. This has also been extended to civilian doctors on duty in the hospital. The writing of a history of the Medical Department at West Point has been started, and it is anticipated that it will be completed during 1950.

c. The beautiful glass inclosed solarium on the roof of the hospital is a valuable psychological resource in a section of the country where the winters are usually long and severe. It affords a diversion for the long-term patient who is frequently depressed simply from confinement to a hospital room. The reasonably low "knowledge" the hospital is improved upon all hospital personnel. Considerable emphasis has been given to this subject, with the problem that even the most efficiently operated hospital with a qualified staff, the lack of this quality will cause patients to be dissatisfied, and thereby deprive the doctor and the hospital of well-earned gratitude. Confidence and good will are the reward of kindness and consideration. Distrust and ill will are due to a lack of such. The hospital and Green and the Navy Ladies of the pier render an invaluable service in conjunction with this program.

d. The hospital of the Academy is the first contact of the [illegible] experience with future officers of the other services. The hospital is unique in this position and service, and should not be considered on the basis of other Navy hospitals for equipment and staff. It enjoys and shares the traditions of the Academy and must always retain the high standard of service present in every activity of the U. S. Military Academy.

17. [illegible] None.

18. Technical research is report of research investigation conducted by the Surgeon General, USAF, at the Station Hospital.

[illegible] L. [illegible]
Colonel, Medical Corps
Commanding

Incl.(7)
Number of Officers
Organization Chart, Station Hospital
Report of Inspection
Organization Chart, USMA
Medical Survey, Fourth Class Cadets
Death, Stillbirth of Cadet Corps
Death, Cadets at Summer Encampment

ANNEX

The following officers were on duty at the Station Hospital on 1 January 1949:

Medical Corps:
Colonel Charles L. Kirkpatrick, O-18642
Colonel William A. Todd, Jr., O-19398
Lt. Colonel William S. Moore, O-30792
Lt. Colonel Robert J. Hoagland, O-33516
Captain John F. Loyd, O-57732
Captain George D. Wilcox, O-1705692
Captain Harold Hiatt, O-1745908
Captain Byron Charlap, O-1717848
Captain Lawson G. Cox, O-1776343
Captain Eli F. Moorehead, Jr., O-57734
Captain Charles K. Liddell, O-1726837
Captain Willis M. Franz, O-1766183
Captain Kenneth L. McEven, O-57991
Captain Francis H. Darragh, O-1717837
Captain Norman E. Johnson, O-17015134
1st Lt. John F. Kerrigan, O-1744578
1st Lt. James A. Vaughn, O-1736536
1st Lt. James V. Calio, O-1787161

Dental Corps:
Colonel Robert C. Craven, O-11835
Lt. Colonel Wallace J. Morlock, O-19225
Lt. Colonel Albert M. Hollenbach, O-29240
Major Arnold B. Becker, O-303406
Major John E. Jordan, O-38839
Major Clifford H. Tornstrom, O-431.38
Captain Marvin M. Kuhn, O-57715
1st Lt. Daniel K. Gottlieb, O-965288

Veterinary Corps:
Major John J. Powell, O-427930

Medical Service Corps:
Major Edward P. Krish, O-294736
Captain Benjamine D. Baird, O-517895

Women's Army Corps:
Captain Phyllis L. Robertson, L-601226
1st Lt. Jane G. Brister, L-311090

Women's Medical Specialist Corps:
Captain Ruth G. Strain, N-10070 (ANC)
Captain Martha M. Boger, N-10062 (PTA)

Army Nurse Corps:
Lt. Colonel Mary Jo Miller, N-27
Captain Jeanka Simmons, N-420
Captain Theda V. Rogers, N-444
Captain Marguerite C. Reutenauer, N-706
1st Lt. Regina T. Markuson, N-737268
1st Lt. Julia J. Cavaredci, N-732298
1st Lt. Sara McCracken, N-722896
1st Lt. Geraldine B. Bernard, N-1609
1st Lt. Regina C. Smith, N-762119
1st Lt. Margaret C. Hale, N-779377
1st Lt. Margaret L. Roysdon, N-763695
1st Lt. Felicina M. Accordini, N-763439
1st Lt. Mary E. Peters, N-769169
1st Lt. Elizabeth A. Marshall, N-778534
1st Lt. Shir Lee G. Turner, N-801382
1st Lt. Alice F. Quinn, N-756542
1st Lt. Dorothy J. Fryer, N-736509
1st Lt. Margaret L. Maher, N-758807
1st Lt. Dorothy M. Fehr, N-755908
1st Lt. Beatrice M. Irvin, N-733039
1st Lt. Dorothea V. Bowers, N-721221
1st Lt. Mary A. Osborne, N-723675

The following officers were on duty at the Station Hospital on 31 December 1949:

Medical Corps:
Colonel Charles L. Kirkpatrick, O-13642
Colonel William A. Todd, Jr., O-19598
Lt. Colonel Robert J. Hoagland, O-20516
Lt. Colonel Horace V. Shreck, O-27817
Major Ralph E. Conant, O-295442
Captain Estill N. Dietz, O-30684
Captain Charles K. Liddell, O-59438
Captain John F. Kerrigan, O-1746578
Captain David D. Beiler, O-978137
1st Lt. Henry C. Cosand, O-978339
1st Lt. Paul T. Myers, O-978707
1st Lt. Clifford B. Lull, Jr., O-979009

Dental Corps:
Colonel Wallace J. Morlock, O-19325
Lt. Colonel Thomas J. Hagen, O-20967
Lt. Colonel Albert M. Hollenbach, O-29240
Major Arnold B. Becker, O-303406
Major John E. Jordan, O-38859
Major Clifford H. Tornstrom, O-43138
Captain Marvin M. Kuhn, O-57715
Captain Leonard K. Schreiber, O-60734
1st Lt. Daniel M. Gottlieb, O-965283

Veterinary Corps:
Colonel Lawrence R. Bower, O-16019

Medical Service Corps:
Lt. Colonel Stanley J. Weidenkopf, O-41771
Major Edward P. Krish, O-394736
Captain Felix J. Chabot, O-1533[illegible]
1st Lt. Robert D. Foster, O-1543[illegible]

Women's Army Corps:
Captain Dan B. Brulock, L-128
1st Lt. Mary R. Sedlak, L-506771
1st Lt. Jane C. Brister, L-289
2nd Lt. Alice E. McGovern, L-[illegible]035

Women's Medical Specialist Corps:
Captain Ruth G. Strain, M-10070 (MSC)
Captain Martha M. Roger, M-10062 (PT)

Army Nurse Corps:
Major Catherine V. Coyne, N-312
Captain Evelyn G. Burchfield, N-722239
Captain Julia F. Dawurecki, N-722258
Captain May H. Gunsten, N-1087
Captain Marguerite C. Reutenauer, N-206
Captain Theda V. Rogers, N-444
Captain Mary M. Wagner, N-153
Captain Marcella Wenderott, N-1543
1st Lt. Dolores M. Archambeau, N-774380
1st Lt. Dorothea V. Bowers, N-722221
1st Lt. Irene C. Feeney, N-752254
1st Lt. Dorothy M. Fehr, N-755806
1st Lt. Helen E. Millmore, N-779573
1st Lt. Dorothy J. Pryer, N-736589
1st Lt. Marion S. Greene, N-796493
1st Lt. Margaret C. Helm, N-779397
1st Lt. Grace L. Hull, N-790400
1st Lt. Jeanne M. Hurley, N-723825
1st Lt. Bessie M. Leeton, N-764736
1st Lt. Margaret L. Maher, N-755007
1st Lt. Regina V. Markunson, N-757268
1st Lt. Sara McCracken, N-722896
1st Lt. Edna M. McMurray, N-756296
1st Lt. Mary A. Osborne, N-723075
1st Lt. Alice P. Quinn, N-756542
1st Lt. Elizabeth C. Richard, N-953
1st Lt. Marjorie C. Scott, N-1476
1st Lt. Maria C. Trechter, N-769037
1st Lt. Ursula M. Zernick, N-1743
1st Lt. Elizabeth M. Marshall, N-[illegible]534

The following changes in officer personnel took place from 1 January 1949 to 31 December 1949:

GAINS

Medical Corps:
Lt. Colonel Horace V. Shreck, O-[illegible] - EDCMR 11 Nov 49
Major Ralph L. Consant, O-[illegible] - EDCMR 27 June 49
Captain James E. Kelly, O-[illegible] - EDCMR 10 Nov 49
Captain Estill N. Dietz, O-[illegible] - EDCMR 12 Aug 49
1st Lt. Paul V. Myers, O-[illegible] - EDCMR 1 July 49
1st Lt. David D. Beiler, O-[illegible] - EDCMR 1 Oct 49
1st Lt. Conrad H. Jones, O-[illegible] - EDCMR 15 Apr 49
1st Lt. Henry C. Cosand, O-[illegible] - EDCMR 15 Aug 49
1st Lt. Clifford B. Lalli, Jr., O-[illegible] - EDCMR 9 Aug 49

Dental Corps:
Lt. Colonel Thomas J. Hagan, O-[illegible] - EDCMR 26 July 49
Lt. Colonel William H. Walker, O-[illegible] - EDCMR 17 Oct 49 to 31 Oct 49 (EDT)
Captain Leonard K. Schrieber, O-[illegible] - EDCMR 28 Dec 49
1st Lt. Robert M. Lewis, O-[illegible] - EDCMR 1 Feb 49
1st Lt. Daniel M. Gottlieb, O-[illegible] - EDCMR 14 Jan 49

Veterinary Corps:
Colonel Lawrence R. Rowe, O-16019 - EDCMR 10 Aug 49

Medical Service Corps:
Lt. Colonel Stanley J. Weidenkopf, O-41771
Captain Felix J. Chabot, O-1533520
1st Lt. Robert D. Foster, O-1542731

Women's Army Corps:
Captain Sue B. Trulock, L-188 - EDCMR 15 Feb 49
1st Lt. Mary R. Sedlak, L-506791 - EDCMR 12 Oct 49
2nd Lt. Alice M. McGovern, L-1010035 - EDCMR 20 Apr 49

Army Nurse Corps:
Major Catharine V. Coyne, N-312 - EDCMR 15 Oct 49
Captain Helen Doviak, N-900 - EDCMR 28 Apr 49
Captain Mary M. Wagener, N-153 - EDCMR 15 May 49
Captain Marguerite C. Reutenauer, N-206 - EDCMR 15 June 49
Captain Evelyn G. Burchfield, N-[illegible] - EDCMR 29 Aug 49
Captain Marcella Vandeventt, N-1548 - EDCMR 5 Sep 49
1st Lt. Edna M. McMurray, N-[illegible] - EDCMR 29 Apr 49
1st Lt. May M. Dunsten, N-1087 - EDCMR 7 May 49
1st Lt. Margaret E. Piper, N-[illegible] - EDCMR 1 May 49
1st Lt. Irene C. Feeney, N-[illegible] - EDCMR 27 Aug 49
1st Lt. Margaret H. Wheeler, N-[illegible] - EDCMR 30 Aug 49
1st Lt. Dolores M. Archambeau, N-[illegible] - EDCMR 1 Sep 49
1st Lt. Helen V. Milmore, N-[illegible] - EDCMR 19 Sep 49

Army Nurse Corps: (Continued)
1st Lt. Marion S. Greene, N-796493 - RDCMR 7 Sep 49
1st Lt. Marie C. Trechter, N-700937 - RDCMR 19 Sep 49
1st Lt. Marjorie N. Sodt, N-1876 - RDCMR 13 Sep 49
1st Lt. Gisela M. Sernick, N-1748 - RDCMR 9 Sep 49
1st Lt. Elizabeth C. Richard, N-953 - RDCMR 15 Oct 49
1st Lt. Josune M. Hurley, N-723825 - RDCMR 23 Nov 49
1st Lt. Grace L. Hull, N-796409 - RDCMR 15 Mar 49
2nd Lt. Bessie M. Leeton, N-704786 - RDCMR 9 May 49

RESIGNED

Medical Corps:
Lt. Colonel William S. Moore, O-30092 - 26 Aug 49
Captain Conrad H. Jones, O-1746608 - 12 Dec 49
Captain James R. Kelly, O-935318 - 8 Dec 49
Captain Lawson G. Cox, O-1776348 - 16 Sep 49
Captain Francis H. Darragh, O-1747637 - 17 Aug 49
Captain James V. Calio, O-1787161 - 1 Apr 49
Captain Willis V. Franz, O-1766183 - 9 May 49
Captain Eli P. Moorehead, Jr. - O-57734 - 14 Jun 49
Captain Kenneth L. McEwen, O-57991 - 4 Jun 49
Captain John F. Loyd, O-57732 - 6 Jun 49
Captain Norman E. Johnson, O-1701834
Captain Byron Charlap, O-1717848 - 10 Jun 49
Captain Harold Hiatt, O-1745908 - 1 Jul 49
Captain George D. Wilcox, O-1705892 - 9 Jul 49
1st Lt. James A. Vaughn, O-1736536 - 1 Apr 49

Dental Corps:
Colonel Robert C. Craven, O-11835 - Expired 10 Feb 49
Lt. Colonel William H. Walker, O-22302 - 31 Oct 49
1st Lt. Robert M. Lewis, O-966014 - 1 Sep 49
1st Lt. Joseph J.C. Thomson, O-937745 - 10 Jan 49

Veterinary Corps:
Major John J. Powell, O-427930 - 14 July 49

Medical Service Corps:
Captain Benjamine D. Baird, O-517895 - 26 Apr 49

Women's Army Corps
Captain Blythe L. Robertson, L-601226 - 21 Jun 49

Army Nurse Corps
Lt. Colonel Mary Jo Miller, N-27 - 15 Oct 49
Captain Helen Doviak, N-900 - 8 Aug 49
Captain Itaska Strain, N-420 - 23 Aug 49

Army Nurse Corps: (Continued)
1st Lt. Regina S. Smith, N-763[illegible] - 30 Jun 49
1st Lt. Beatrice M. Irwin, N-7300[illegible] - 31 July 49
1st Lt. Geraldine B. Bernard, N-1[illegible] - 28 Jan 49
1st Lt. Mary N. Fetters, N-707[illegible] - 24 May 49
1st Lt. Margaret L. Boyston, N-[illegible] - 5 June 49
1st Lt. Shir Lee Turner, N-[illegible] - 7 June 49
1st Lt. Felisina M. Scott, N-[illegible] - 1 June 49
1st Lt. Margaret M. Wheeler, N-[illegible] - 18 Sep 49
1st Lt. Margaret L. Piper, N-[illegible] - 24 Oct 49
1st Lt. Elizabeth A. Marshall, N-[illegible] - 5 Dec 49

CIVILIAN PERSONNEL - AUTHORIZED STRENGTH: 58

During the year 1949, authority was granted by the Office of The Surgeon General for the employment of civilian medical professional personnel in order to alleviate the critical shortage of Medical Corps officers. At the present time, there are 7 civilian physicians on duty at this hospital. Of these, 5 are employed on a full-time basis and 2 on a part-time basis. Positions occupied by civilian physicians are as follows:

Position	Civilian Physician	Entered on Duty
Chief, Outpatient Clinic	Dr. J.H. Darragh	18 Aug 1949
Otorhinolaryngologist	Dr. L.O. Cox	10 Oct 1949
Ophthalmologist	Dr. J.R. Finlay	9 Sep 1949
Chief, Phys Exam & Imm Section	Dr. F. Garson (Part-time)	16 May 1949
Asst to Chief, Outpatient Clinic	Dr. S.L. Hoge, Jr.	24 Oct 1949
Chief, Laboratory Service	Dr. V.J. Milanick	9 Sep 1949
Medical Officer of Day, Weekends	Dr. M. Mandelstamm (Part-time)	8 Jul 1949

Authority was also granted for the employment of 7 civilian cooks and 1 civilian baker. Six civilian cooks and 1 civilian baker are presently on duty.

At the time of its inauguration, 11 December 1947, Hospital Program Distribution System (AMES-[illegible]) was authorized 1 civilian employee. In April 1949, AMES-[illegible] was redesignated from a Class B station to a Class A station and 2 additional civilian employees were authorized. At the present time, there are 2 civilian employees on duty in AMES-[illegible].

Changes in Civilian Personnel:

Resignations - 3

Name	Grade	Position	Replacement
Sidney S. Clyman	GS-12	Medical Officer (Gen)(Outpat Svc)	Lawson C. Cox
Charles Korman	GS-12	Medical Officer (Gen)(Civ Hlth)	Donald C. Griffin
John J. Christoff	CPC-3	Janitor	Nicholas C. Severo

Civilian Personnel on Duty 31 December 1942: (Continued)

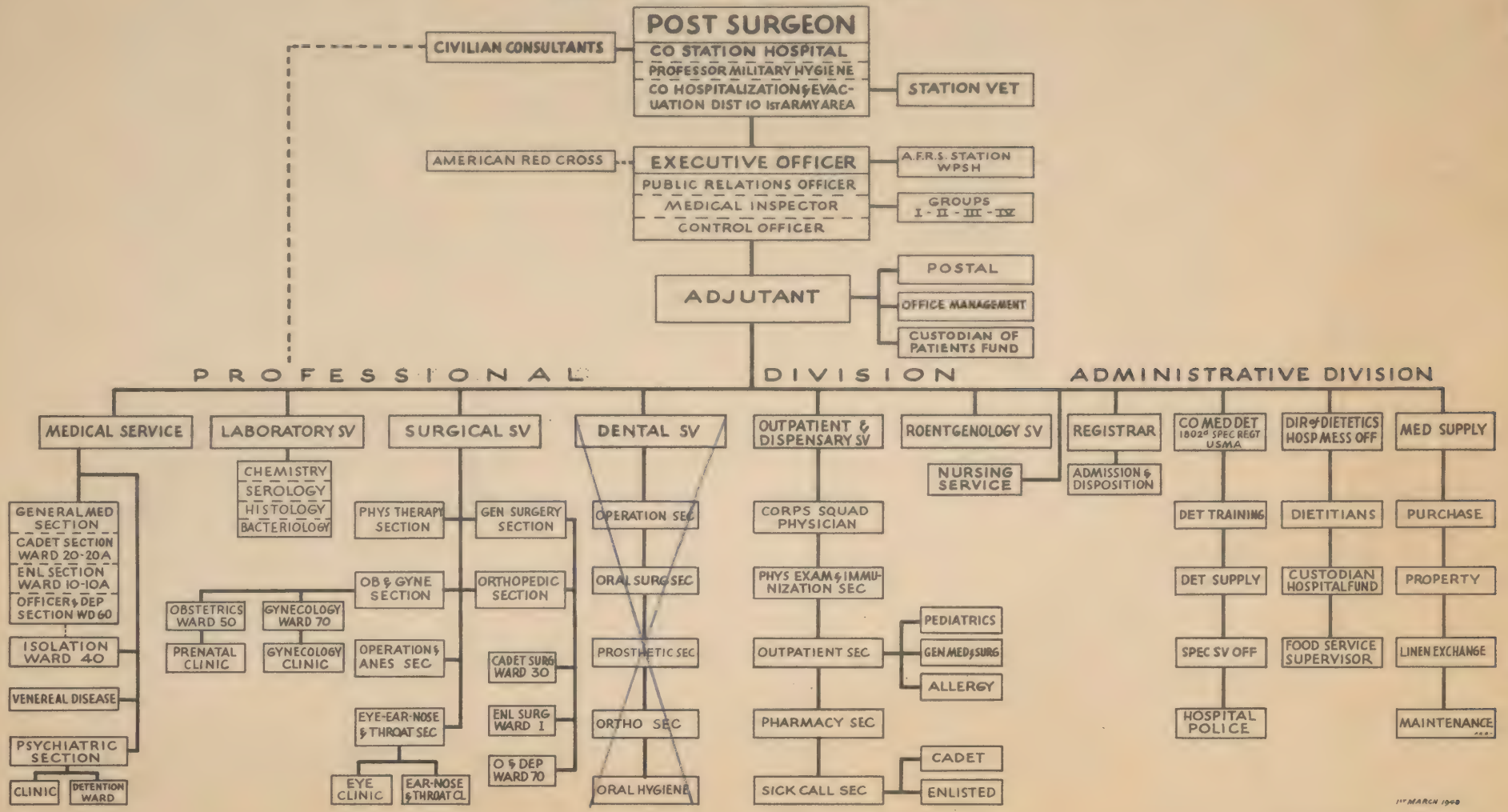
Name	Grade	Department	Position
Milton Maurer	WS-4	Medical Supply Office	Property & Supply Clk
Gertrude A. Robison	CS-3	" " "	Clerk-Stenographer
Margaret V. Gleason	Gr 4, Sp 5	" " "	Seamstress
Richard H. Bauer	CS-4	Hospital Mess Office	Accounting Clerk
Anthony M. Carbone	Gr 11, Sp 3	Hospital Mess	Meat Cutter
Joseph J. Catalano	Gr 13, Sp 3	" "	Cook
Raymond B. Meeme	Gr 10, Sp 1	" "	Cook
Frederick Yoke, Gr.	Gr 10, Sp 1	" "	Cook
Howard Stubblefield	Gr 13, Sp 5	" "	Cook
Raymond J. Miller	Gr 9, Sp 1	" "	Cook
John C. Freymiller	Gr 10, Sp 4	" "	Cook
Carl A. Watkins	Gr 11, Sp 5	" "	Baker
Samuel Greeberg	CS-5	Pharmacy	Pharmacist
Robert T. Hennessey	CS-6	X-Ray Clinic	Med X-Ray Technician
Bernadine M. Shaw	CS-4	" "	Med X-Ray Technician
Robert V. Sandstrom	CS-4	P.T. Clinic	Physical Therapy Aide
Donald H. Ketchum	CS-3	Eye Clinic	Hosp Attendant (Surg)
Vera V. Milenick, M.D.	CS-11	Laboratory	Chief, Laboratory Svc
June A. Watkins	CS-4	"	Laboratory Technician
Madeline M. Barry	CS-4	"	Laboratory Technician
Annette F. Forrester	CS-2	"	Laboratory Technician
Irene Amos	CS-2	U.S. Ward	Hospital Attendant
Daisy L. Rainey	CS-2	" "	Hospital Attendant
Donald C. Griffin, M.D.	CS-12	Civilian Health Svc	Medical Officer(Gen)
Doris G. Poliard	CS-5	" " "	Staff Nurse(Emerg Rm)
William F. Cherry	CS-8	Radio Station WPSK	Radio Info Specialist
Roland V. Capaioli	CS-7	" " "	Radio Info Specialist
Francis H. Darragh, MD	CS-12	Outpatient Department	Chief, Outpatient Cln
George L. Hope, Jr., MD	CS-12	" " "	Asst to Ch, Outpat Cln
Percy Carson, MD	CS-12	" " "	Ch, Phys Exam & Inm Sec
Maud V. Archibald	CS-5	" " "	Staff Nurse
John R. Madaya M.D.	CS-12	Eye Clinic	Ophthalmologist
Lawson G. Cox, M.D.	CS-12	ENT Clinic	Otorhinolaryngologist

Civilian Personnel on Duty 31 December 1949: (Continued)

Name	Grade	Department	Position
Maxim Mandelstamm, M.D.	GS-12		Medical Officer of Day, Weekends
Catherine M.N. Leahy	GS-5	Ward Duty	Staff Nurse
Helen E. Maher	GS-5	Ward Duty	Staff Nurse
Muriel A. Tompkins	GS-5	Ward Duty	Staff Nurse
Jacqueline I. Dunn	GS-5	Ward Duty	Staff Nurse

ORGANIZATION of MEDICAL DEPT

THE U.S.M.A. WEST POINT. N.Y.



1st MARCH 1949

USMA AG PRINTING OFFICE 1 APRIL '49-50

UNITED STATES MILITARY ACADEMY
West Point, New York

OFFICE OF THE INSPECTOR GENERAL

MIG 850.1-[illegible], West Point, N.Y. (FY 50) 17 February 1950

SUBJECT: Annual General Inspection, FY 1950, Station Hospital, U. S. Military Academy, West Point, New York

TO: Commanding Officer, Station Hospital, U. S. Military Academy, West Point, New York

TO: The Superintendent, U. S. Military Academy

1. An inspection was made by this Office of the Station Hospital, during the period February 8 - 15, 1950. Inquiry was made into matters concerning all phases of medical service, as prescribed by Army Regulations and Special Regulations of the 40 series, together with other pertinent Army Regulations and Technical Manuals.

2. Colonel Charles L. Kirkpatrick, MC, Post Surgeon and Commanding Officer of the Station Hospital, accompanied me on the inspection. Everywhere there was evidence of his continued energy and intelligent supervision in every phase of the Hospital Activities. The Diet Kitchens are now installed; the Solarium is complete; and the stainless steel equipment is in use.

3. There were no deficiencies nor irregularities noted during the inspection.

4. All personnel connected with the Hospital appear to be happy and efficient. This accounts for the fact that the mission of the Station Hospital is being carried out in an outstandingly fine manner. All concerned are commended for their loyal and efficient service.

H. CRAMPTON JONES
Colonel, IGD
Inspector General, USMA

Changes in Civilian Personnel: (Continued)

Disability Retirement - 1

Name	Grade	Position	Replacement
William Grant	CPC-3	Janitor	Frank D. Bonsini

Displacement of Non-Status Incumbent - 1

Name	Grade	Position	Replacement
Mary V. Bethel	GS-5	Staff Nurse	Jacqueline I. Dunn

Overtime hours of duty are maintained at a minimum. The Superintendent, U.S.M.H., approved regular overtime hours of duty for the following positions during the year 1949:

1 Dental Mechanic
1 Dental Hygienist
1 Meat Cutter
1 Accounting Clerk

Civilian Personnel on Duty 31 December 1949:

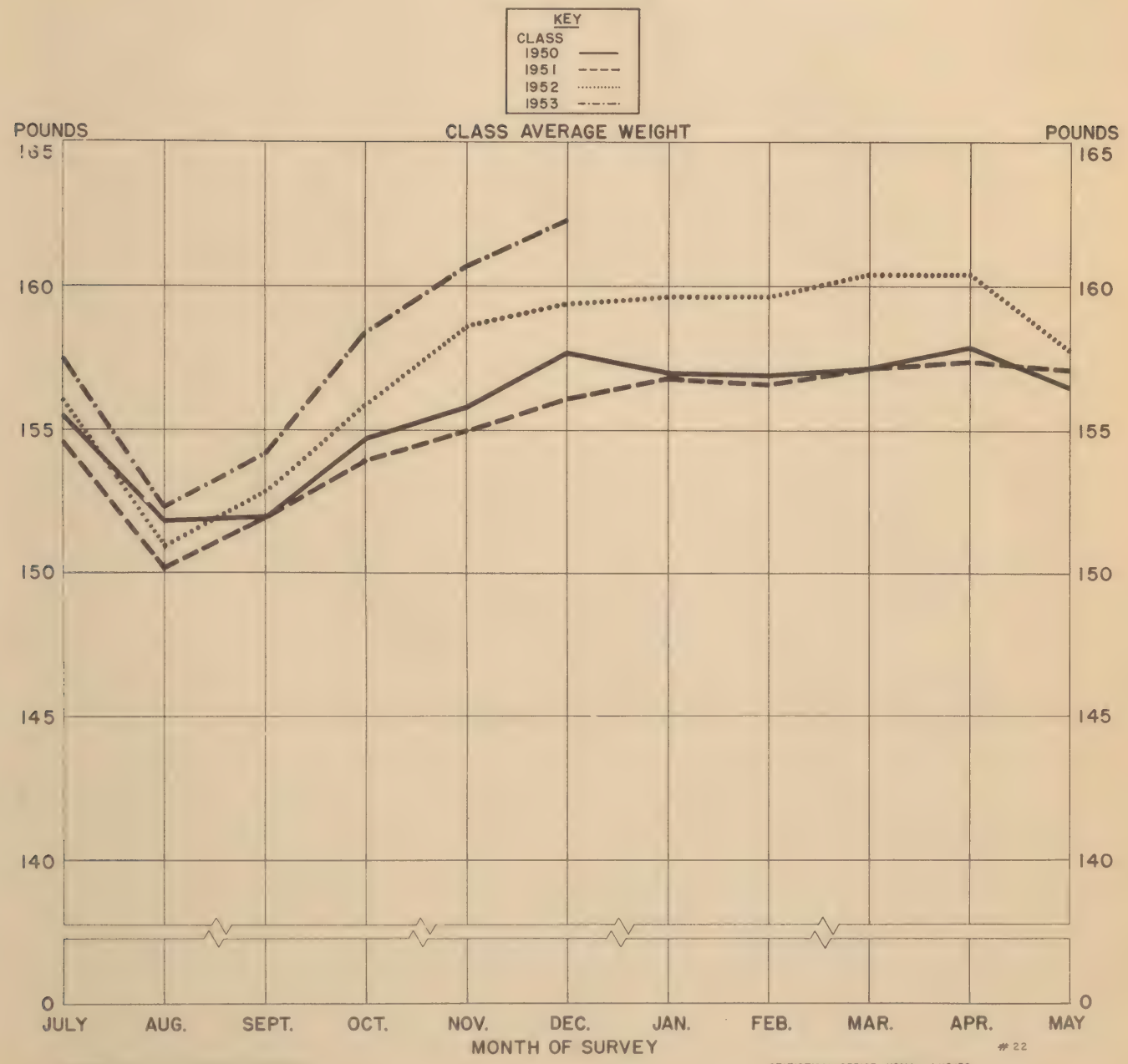
Name	Grade	Department	Position
Walter H. Beebe	GS-6	Dental Clinic	Dental Mechanic
Doris C. Brannigan	GS-3	" "	Dental Hygienist
Frances L. McClurg	GS-3	" "	Dental Hygienist
Dorothy R. Mellabe	GS-3	" "	Clerk-Typist
Charlotte J. Grosberg	GS-4	Office of C.O.	Secretary (Stenography)
Marjorie R. Corrado	GS-3	Sgt. Major's Office	Clerk-Stenographer
Harold L. Woolsey	CPC-3	" " "	Messenger
Lobe T. Betrus	GS-3	Surgical Svc Office	Clerk-Stenographer
Elizabeth A. Blaney	GS-3	Medical Svc Office	Clerk-Stenographer
Florence K. Kelemanics	GS-3	Medical Library	Clerk-Stenographer
Kenneth Baisley	CPC-3	Hospital Police	Janitor
Nicholas C. Severo	CPC-3	" "	Janitor
Frank D. Bonsini	CPC-3	" "	Janitor
Thomas DiSalvo	Gr 12, Sp 4	Hospital Maintenance	General Mechanic
Peter Tajda	Gr 12, Sp 4	" "	General Mechanic
Raymond A. LaCoy	Gr 11, Sp 4	" "	Painter
John J. Smedes	GS-5	Registrar's Office	Registrar's Asst (Hosp)
Robert E. Brissing	GS-3	" "	Clerk-Typist

WEIGHT SURVEY

OF

FOURTH CLASSMEN, U.S.M.A.

CLASSES
1950 - 1953



#22

SOURCE: OFFICE OF PHYSICAL EDUCATION

STATISTICAL OFFICE, USMA - 1/16/50

Army USMA West Point, N.Y., 300, 1-24-50.

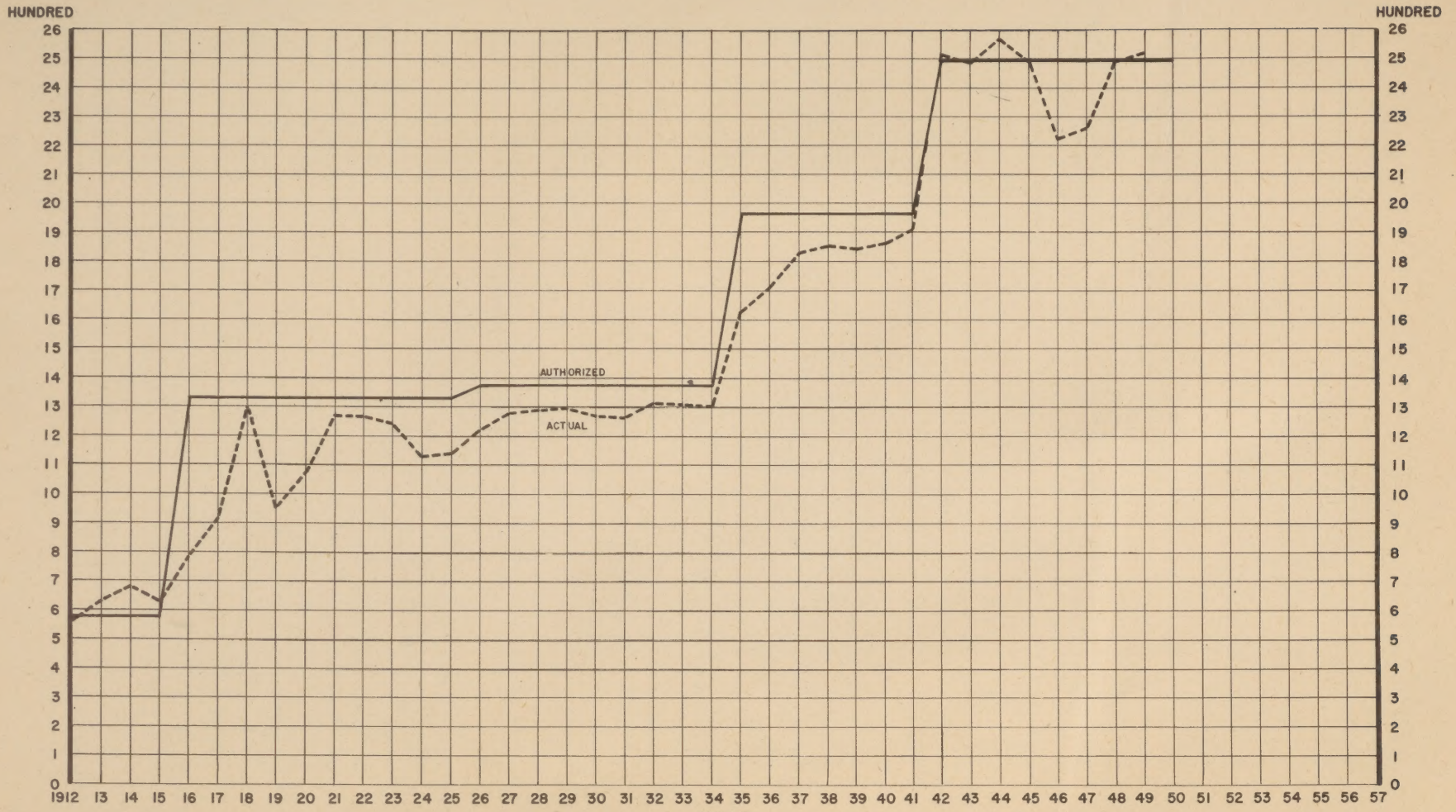
STRENGTH OF CADET CORPS

ACTUAL & AUTHORIZED

AS OF

JULY 1*

1912-1957



*ACTUAL STRENGTH IS CORPS STRENGTH ON JULY 1 PLUS ALL CADETS ADMITTED DURING REMAINDER OF YEAR.

#18

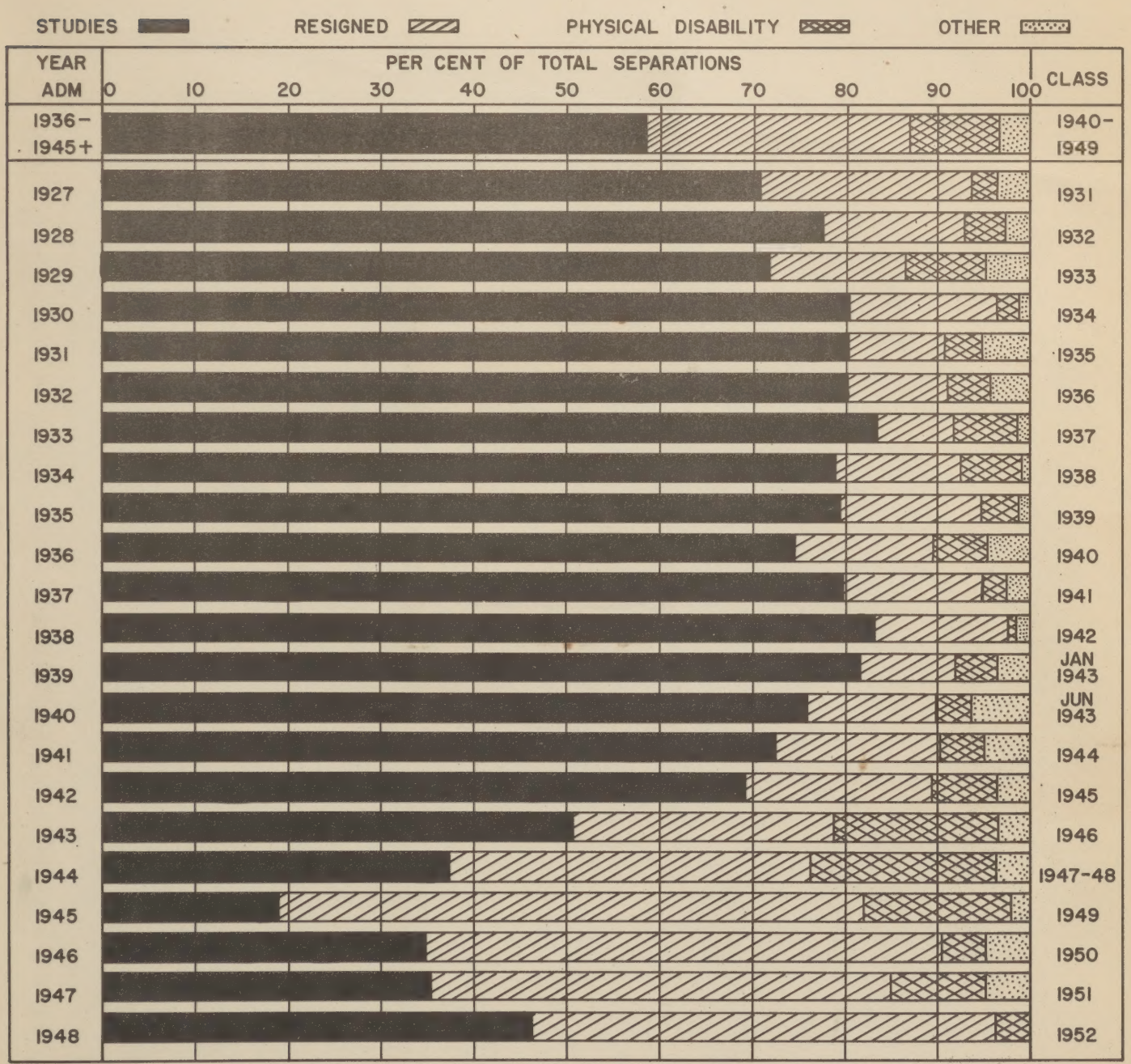
STATISTICAL OFFICE, USMA - 11/1/49

Army USMA West Point, N.Y., 300, 1-24-50.

CAUSES OF CADET SEPARATIONS

THE UNITED STATES MILITARY ACADEMY

1927 – 1948



+LAST TEN YEAR PERIOD WITH COMPLETE FIGURES.

NOTE: DATA FOR INCOMPLETE YEARS ARE AS OF 30 JUNE 1949

COMPILED BY: STATISTICAL OFFICE, USMA. 7/13/49

#9

USMA AG 27 JULY '49-200

ORGANIZATION-U.S.M.A.

SUPERINTENDENT

AIDE

AIDE

ACADEMIC BOARD

COMMITTEES

- ADMISSION
- CLASS(4)
- CULLUM
- CURRICULUM
- GENERAL
- LECTURE
- RHODES SCHOLARSHIP SECTION 2

BOARDS

- ATHLETIC
- AWARDS & DECORATIONS
- CADET CHAPEL
- CIVILIAN EMPLOYMENT
- INVESTMENT OF NON-APP. FUNDS
- LIBRARY
- LITERARY CRITICISM
- MUSEUM
- O.C.S.
- POST MENU
- POST PLANNING
- POST SCHOOL
- RANGE SAFETY
- REDUCTION
- TACTICAL TRAINING
- TELEVISION

COMMITTEES

- CADET BUDGET
- CIVILIAN EMPLOYEES
- CIVILIAN EMPLOYEE EFFICIENCY
- FILM LIBRARY
- GUENTHER MEMORIAL
- INFORMATION
- JUNE WEEK

COUNCILS

- CENTRAL POST FUND
- CHARACTER GUIDANCE
- COMMUNITY CHEST FUND
- EXCHANGE
- POST SAFETY
- WPAM

Secretary to General Staff

AC/S G-1

- CHAPLAINS
- CIVILIAN PERSONNEL OFFICER
- LIBRARIAN
- POST EXCHANGE OFFICER
- PROVOST MARSHAL
- SECRETARY, ASSOCIATION OF GRADUATES

AC/S G-2/G-3

- PUBLIC INFORMATION OFFICER
- SPECIAL SERVICES OFFICER
- STATISTICAL OFFICER
- USMA MUSEUM OFFICER

CHIEF OF STAFF

- ADJUTANT GENERAL
- REGISTRAR
- INSPECTOR GENERAL
- JUDGE ADVOCATE
- DENTAL SURGEON
- SURGEON

AC/S G-4

- CHEMICAL OFFICER
- FINANCE OFFICER
- FISCAL OFFICER
- ORDNANCE OFFICER
- POST ENGINEER
- QUARTERMASTER
- SIGNAL OFFICER
- TRANSPORTATION OFFICER
- TREASURER

COMMANDANT U.S.M.A. PREPARATORY SCHOOL

COMMANDANT OF CADETS

- THE UNITED STATES CORPS OF CADETS
- DEPARTMENT OF TACTICS

DEAN OF ACADEMIC BOARD

ACADEMIC DEPARTMENTS

- ELECTRICITY
- ENGLISH
- FOREIGN LANGUAGES
- LAW
- MATHEMATICS
- MECHANICS
- MILITARY ART & ENGINEERING
- MILITARY HYGIENE
- MILITARY TOPOGRAPHY & GRAPHICS
- ORDNANCE
- PHYSICS & CHEMISTRY
- SOCIAL SCIENCES

COMMANDING OFFICER 1802D SPECIAL REGIMENT USMA

ATTACHED

DETACHMENTS

- AIRBORNE
- CADET MESS
- COMBAT ARMS
- COMBAT ENGINEERS
- HQ & HQ
- MEDICAL
- MILITARY POLICE
- ORDNANCE
- PREP SCHOOL
- SIGNAL
- TRANSPORTATION
- WAC

GRADUATE MANAGER OF ATHLETICS

- U.S.M.A. BAND

#26
STATISTICAL OFFICE, USMA - 10/18/49

USMA AG 31 OCT. '49-300